

Name  
in  
Full

Elizabeth Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Reeds Grove</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month <i>7</i>	Day <i>30</i>	Age <i>6</i>	Months <i>6</i>
Sex <i>Girl</i>	Color or Race <i>White</i>		Birth-place <i>Dorchester</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Joseph E Bell</i>			Father's Birthplace		
Mother's Maiden Name <i>Lena Murphy</i>			Mother's Birthplace		
Name of person giving information <i>B E Bell</i>			How related to deceased <i>Grand Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bowel Trouble</i>	<i>105</i>	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr S. S. Ewel</i>	
<i>yes</i>		Address	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

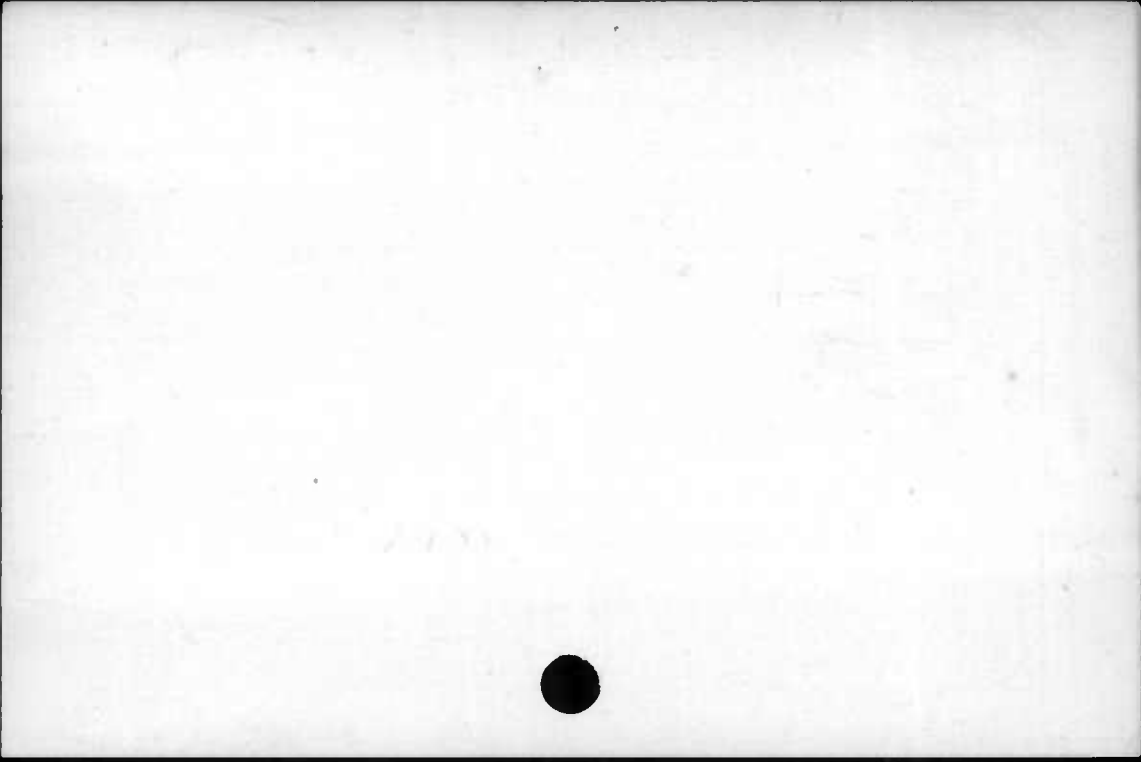
TO BE ANSWERED BY  
NEAREST FRIEND


Name in Full <i>Sarah Jane Blake</i>		Town <i>Bordtown</i>		County <i>Dorchester</i>		State <i>MARYLAND</i>	
Died at <i>Bordtown</i>		Date of death <i>1906</i>		Month <i>July</i>		Day <i>21</i>	
Sex <i>Female</i>		Color or Race <i>BLK</i>		Years <i>64</i>		Months <i>—</i>	
Occupation <i>Wk</i>		Birth-place <i>Ind</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Henry Blake (Deceased)</i>					
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information <i>Isaiah Blake</i>						How related to deceased <i>son</i>	

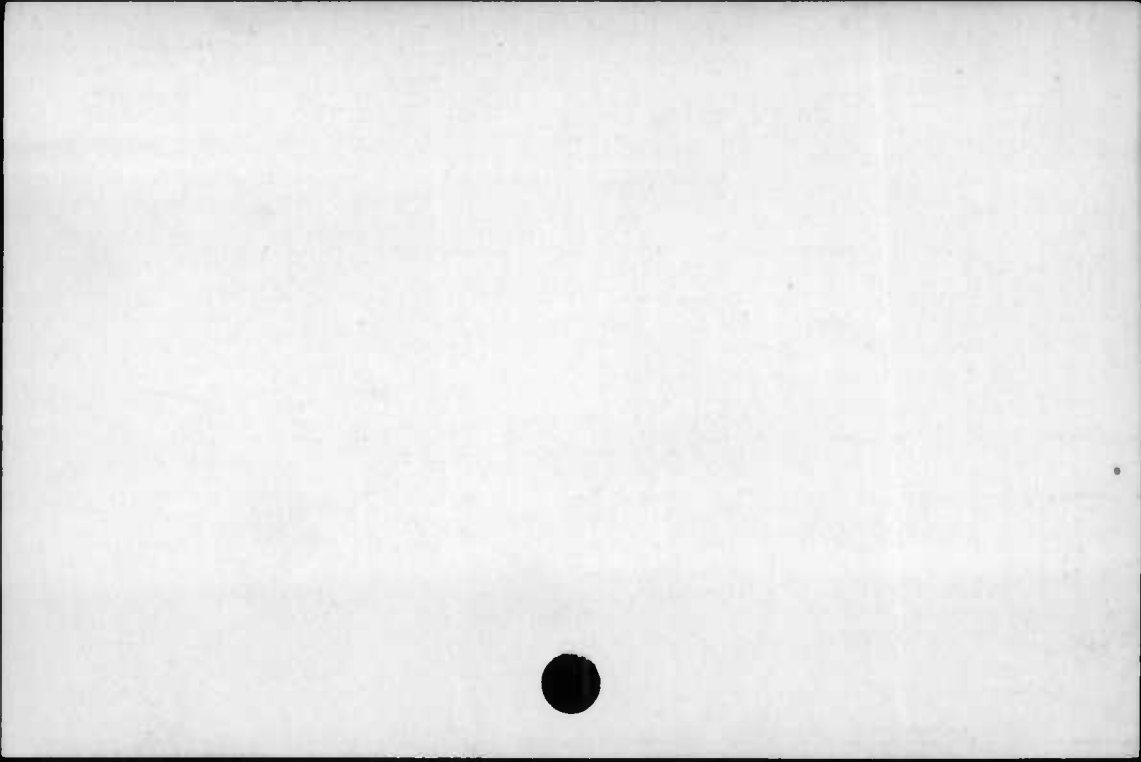
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Arterio. Sclerosis</i>	How long	<i>—</i>
Immediate	<i>Heart Failure</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. E. Wolff</i>	
		Address <i>Cambridge, Md.</i>	
Accident or Suicide? <i>—</i>			



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Secretary</i> <sup>Town</sup>		<i>7</i> <sup>County</sup>		<i>MD</i> <sup>MARYLAND</sup>	
	Date of death <i>1906</i>		<i>7</i> <sup>Month</sup>	<i>23</i> <sup>Day</sup>	<i>7</i> <sup>Years</sup>	
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Secretary</i>	
	Occupation <i>free</i>		Where Residing if not at place of death			
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
	Father's Name <i>James P. Blazek</i>		Father's Birthplace <i>Bohemia</i>			
	Mother's Maiden Name <i>Sophia Rosek</i>		Mother's Birthplace <i>Switzerland</i>			
Name of person giving information <i>James P. Blazek</i>		How related to deceased <i>Father</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	<i>Inflammation of Bowels</i>				<i>105</i> <sup>How long</sup>	
	Immediate <i>Yes</i>				How long <i>5 hours</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. Sayers</i>			
			Address 			
Accident or Suicide?						



Name in Full <b>Fred Brooks</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Cambridge</b> <small>Town</small>		<b>Archives</b> <small>County</small>
	Date of death <b>1906</b> <small>Month</small> <b>July</b> <small>Day</small> <b>11</b>		<b>Age</b> <b>17</b> <small>Years</small>
	<b>Sex</b> <b>Male</b>	<b>Color or Race</b> <b>Caucasian</b>	<b>Birthplace</b> <b>Fall River, Ind.</b>
	<b>Occupation</b> <b>Suburban</b>	<b>Where Residing if not at place of death</b> <b>Fall River, Ind.</b>	
	<b>Married, Single or Widowed</b> <b>Single</b>	<b>Name of Wife or Husband</b>	
	<b>Father's Name</b> <b>not ascertained</b>	<b>Father's Birthplace</b>	
	<b>Mother's Maiden Name</b> <b>not ascertained</b>	<b>Mother's Birthplace</b>	
<b>Name of person giving information</b> <b>Cambridge Hospital Records</b>		<b>How related to deceased</b>	
<b>CAUSES OF DEATH</b>			
PHYSICIAN OR CORONER	<b>Primary</b> <b>Stricture of ureters</b>	<b>How long</b> <b>10 1/2</b>	
	<b>Immediate</b> <b>Exhaustion after birth storm</b>	<b>How long</b> <b>-</b>	
	<b>Are the name, age, sex, color, date and place correctly given above?</b> <b>Yes</b>	<b>Signature of Physician</b> <b>Ray Stule</b>	<b>Address</b> <b>Cambridge Ind.</b>
	<b>Accident or Suicide?</b>		





Name  
in  
Full

Mattie V. Brown

16

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <sup>Town</sup>		<u>Branchester</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u>	<u>7</u> <sup>Month</sup>	<u>27</u> <sup>Day</sup>	Age <u>15</u> <sup>Years</sup>	<u>6</u> <sup>Months</sup>	<u>15</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Cambridge</u>		
Occupation <u>school girl</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband			
Father's Name <u>Geo. R. Brown</u>			Father's Birthplace <u>VA</u>		
Mother's Maiden Name <u>Catherine W. Brown</u> <del>Brown</del> <u>Howhay</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u>E. W. Brown</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>2 weeks</u>
Immediate <u>that failure to (prognosis)</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Geo. Steele</u>
	Address <u>Cambridge Ind.</u>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

Agness Camper

Town

County

MARYLAND

Died at

near Hawkey

Dorchester

Date

of death

Month

Day

Years

Age

Months

Days

1904 July

22

6

Sex

girl

Color or  
Race

Black

Birth-  
place

“

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Laura Camper

Father's  
Name

Frank Camper

Father's  
Birthplace

New Market

Mother's  
Maiden Name

~~Laura~~ Laura Roll

Mother's  
Birthplace

Laura

Name of person giving  
In formation

Laura Camper

How related  
to deceased

Mother

CAUSES OF DEATH

imperf milk

Primary

179

How long

1 day

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

no Physician

Address

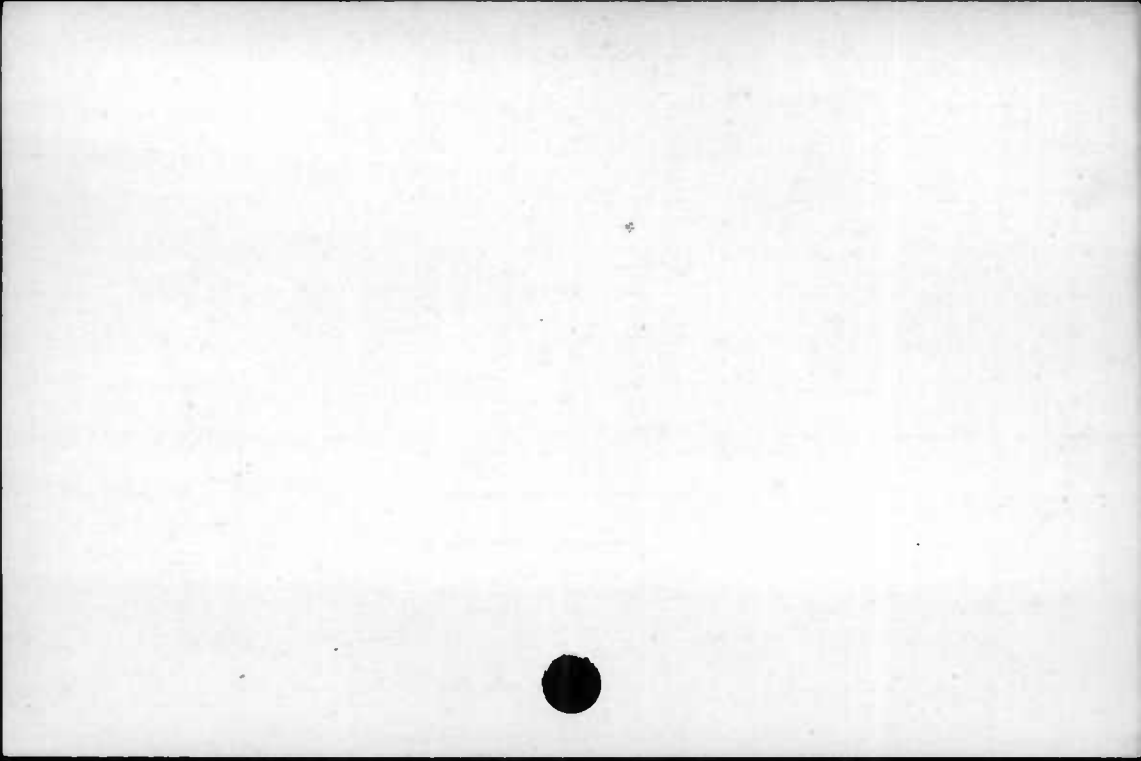


Accident or Suicide?

Wm J Abell JP

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Ruth A. Campen

3

## CERTIFICATE OF DEATH

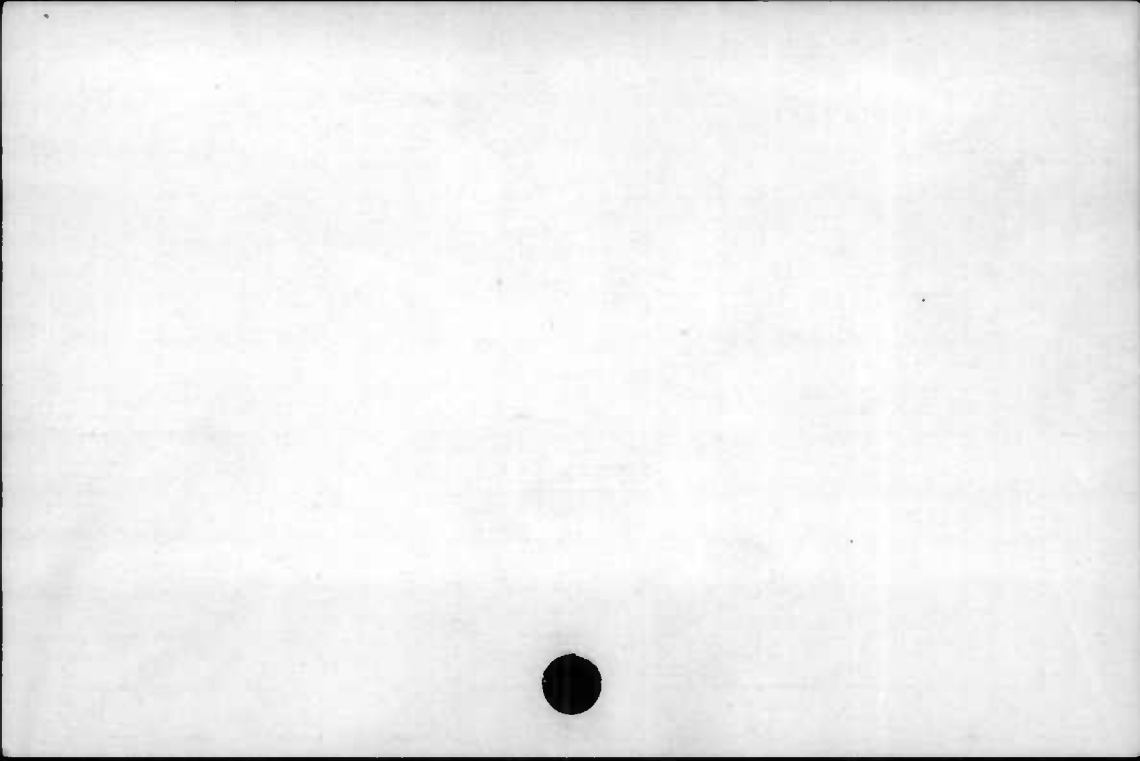
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u>		Town <u>Dorchester</u>		County		MARYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>14</u>	Age <u>65</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Penn.</u>				
Occupation <u>Housewife</u>			Where Residing if not at place of death <u>Cambridge</u>				
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>John M. Campen</u>					
Father's Name <u>Johnson</u>			Father's Birthplace <u>Penn.</u>				
Mother's Maiden Name <u>"</u>			Mother's Birthplace <u>"</u>				
Name of person giving information <u>John M. Campen</u>			How related to deceased <u>Husband</u>				

## CAUSES OF DEATH

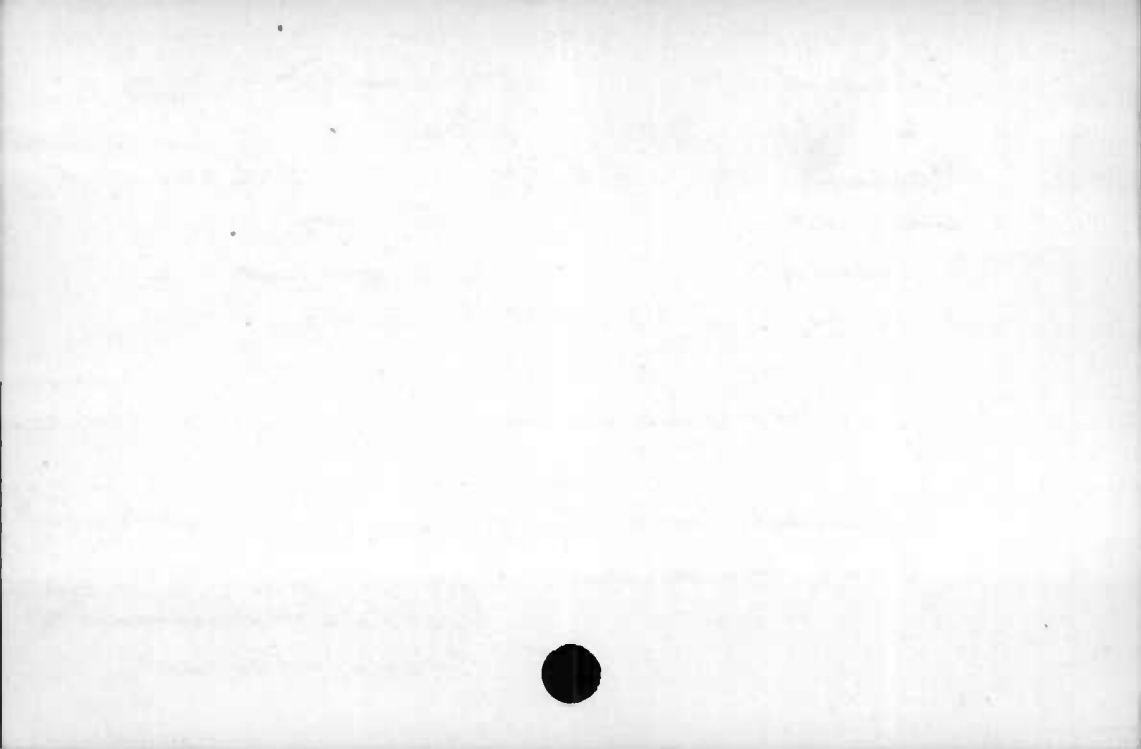
PHYSICIAN  
OR CORONER

Primary <u>Dysentery</u>	How long <u>One week</u>
Immediate <u>Paralysis</u>	How long <u>Five hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Chas M. Haubert M.D.</u>
	Address <u>Cambridge Md</u>
Accident or Suicide?	



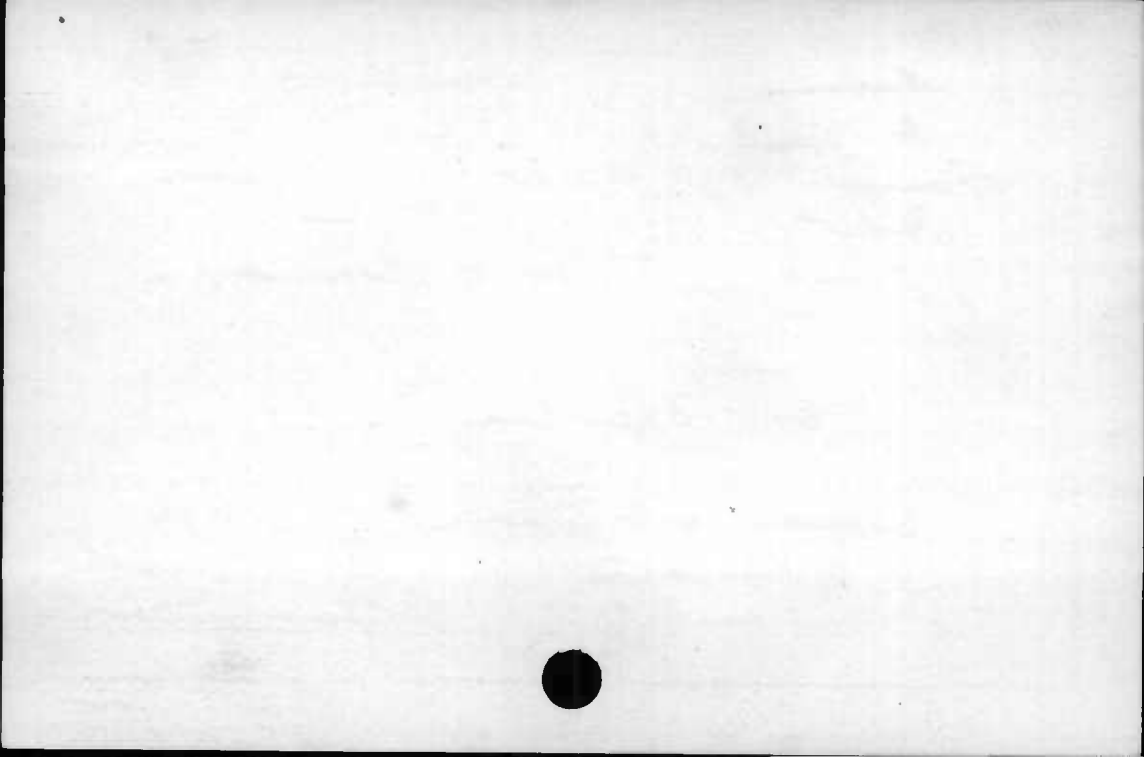
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Salina</i> Town		<i>Dorchester</i> County		MARYLAND	
	Date of death <i>1906</i>	Month <i>7</i>	Day <i>29</i>	Age <i>72</i>	Years <i>—</i>	Months <i>—</i>
	Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Del.</i>	
	Occupation <i>HW</i>			Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>W N Conway -</i>			
	Father's Name <i>—</i>				Father's Birthplace <i>—</i>	
	Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
Name of person giving information <i>Geo Browlan</i>				How related to deceased <i>—</i>		

PHYSICIAN OR CORONER	CAUSES OF DEATH	
	Primary <i>Cancer Stomach</i>	How long <i>1 yr</i>
	Immediate <i>Infection</i>	How long <i>2 weeks</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Brothman</i>
		Address <i>Nassau Md</i>
Accident or Suicide?		





Name in Full		M Martha J Hook 6				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Caulden		County Dorchester		MARYLAND
	Date of death		1906	Month July	Day 10	Age 69	Months Days
	Sex		Female		Color or Race		White
	Occupation		Housewife		Birth- place		Dorchester to Ma
	Where Residing if not at place of death						
	Married, Single or Widowed		Name of Wife or Husband				
PHYSICIAN OR CORONER	Father's Name		J. S. Eccleston				Father's Birthplace
	Mother's Maiden Name						Mother's Birthplace
	Name of person giving in formation		Mm J B Spradlen				How related to deceased
							Daughter
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Breast of Aorta				How long
	Immediate		E. hauser				Some months
	Are the name, age, sex, color, date and place correctly given above?		Yes				How long
			Signature of Physician				After days
			Address				
		Caulden, Ma					
		Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

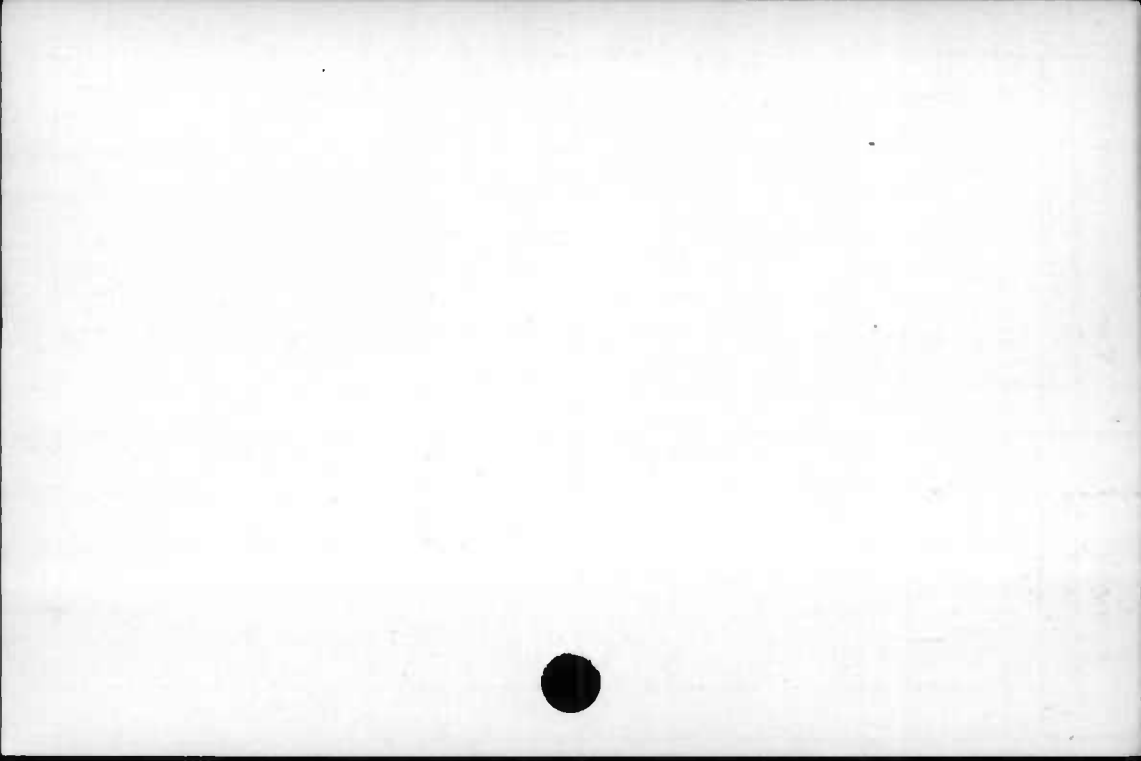
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Madison</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>18<sup>th</sup></i>	Years <i>Age about 25</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Col.</i>		Birth-place <i>Dor. Co. Md.</i>		
Occupation <i>Sailor</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Don't know, probably illegitimate</i>	Father's Birthplace				
Mother's Maiden Name <i>Sarah Lane</i>	Mother's Birthplace <i>Dor. Co. Md.</i>				
Name of person giving information <i>Irvin Leane</i>	How related to deceased <i>Uncle</i>				

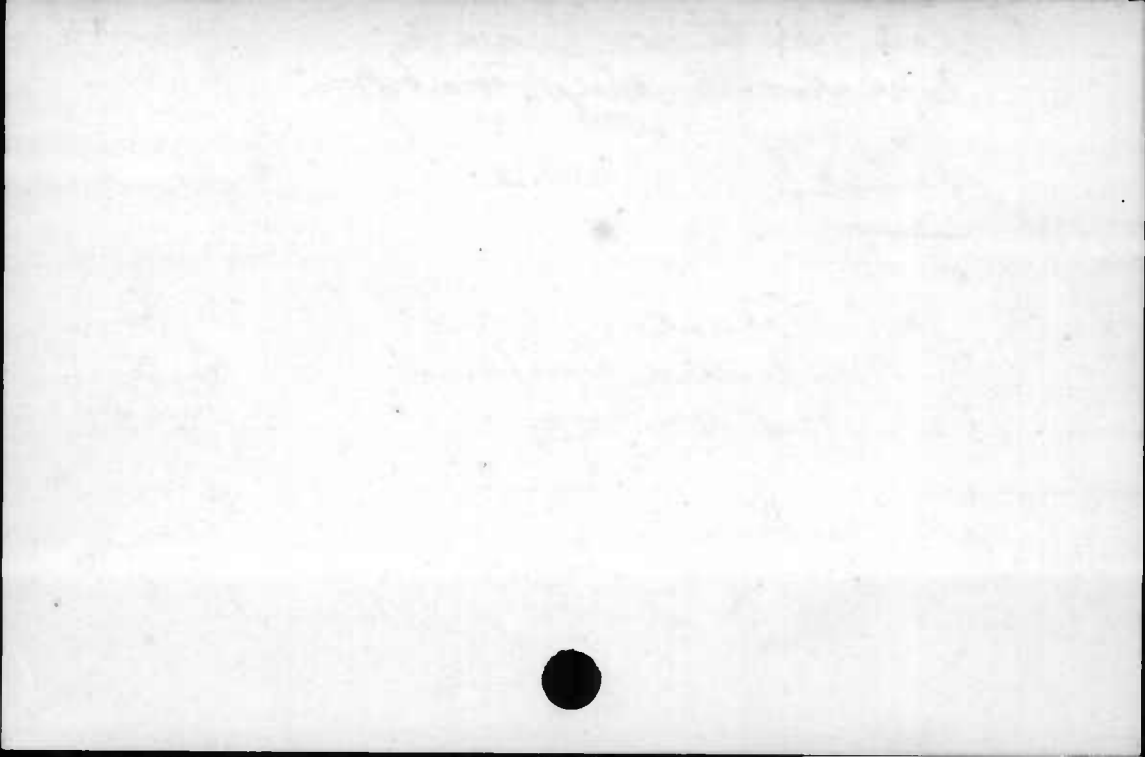
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

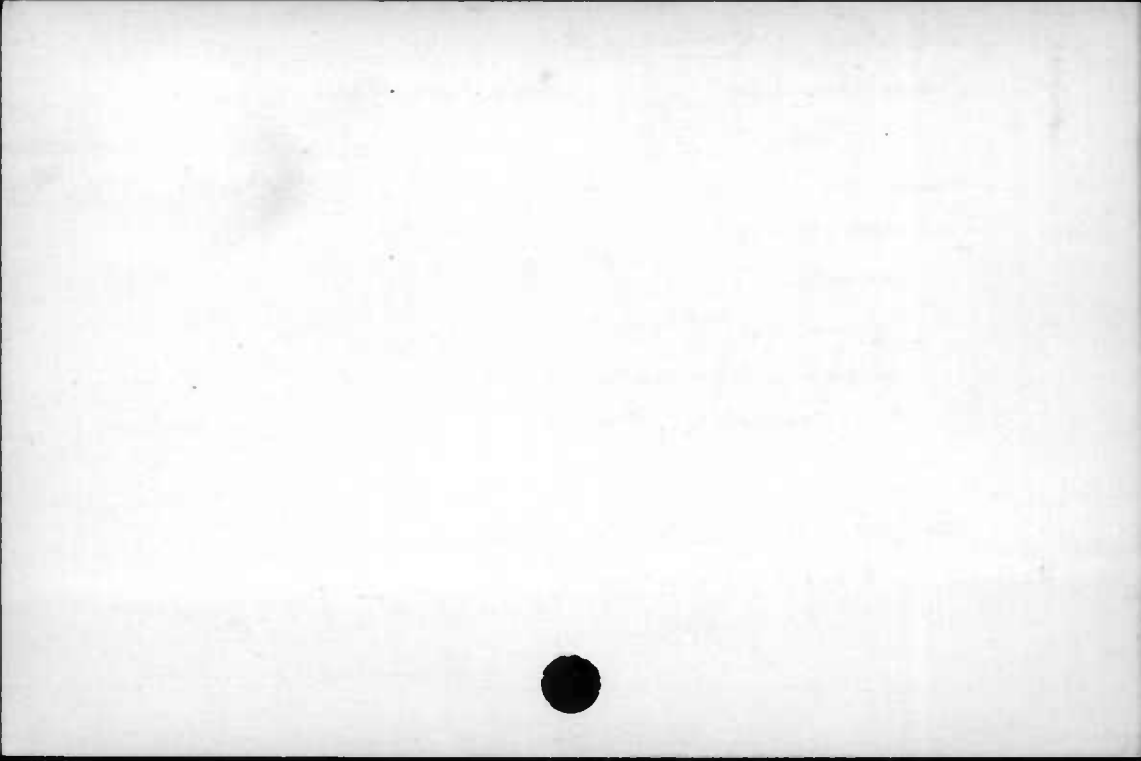
Primary <i>Typhoid Fever</i>	How long <i>Don't know</i>
Immediate <i>Don't know</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. L. Brinkman M.D.</i>
	Address <i>Church Creek, Md.</i>
Accident or Suicide?	



Name in Full		Lillian Gertrude Crosby 21				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Gypsy Hill - Cambridge Mass		County Middlesex		MARYLAND	
	Date of death		Month July	Day 4th	Years 5	Months 8	Days	
	Sex	female		Color or Race	white		Birth-place	Gypsy Hill
	Occupation			Where Residing if not at place of death				
	Married, Single or Widowed			Name of Wife or Husband				
PHYSICIAN OR CORONER	Father's Name		John William Crosby			Father's Birthplace		McCombs Co.
	Mother's Maiden Name		Mary Gertrude Snyder			Mother's Birthplace		Baltimore Md
	Name of person giving information		Jno. Wm Crosby			How related to deceased		Father
	CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary					How long		
	Immediate		Cholera Infantum			How long		3 days
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
			Le Compté Harper					
			Address Cambridge Mass					
Accident or Suicide?								



Name in Full		Galely May Farrow				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> <i>Thiessburg</i>		<sup>County</sup> <i>Wichita</i>		MARYLAND	
		Date of death <i>1906</i>		Month <i>July</i>		Day <i>22</i>	
		Age <i>—</i>		Years <i>—</i>		Months <i>— 3 —</i>	
		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth place <i>Dr. Co. Md.</i>	
		Occupation <i>—</i>		Where Residing If not at place of death <i>—</i>			
Married, Single or Widowed <i>Wife</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Frand Farrow</i>		Father's Birthplace <i>Dr. Co. Md.</i>					
Mother's Maiden Name <i>Bertie Strawberry</i>		Mother's Birthplace <i>Dr. Co. Md.</i>					
Name of person giving information <i>Frand Farrow</i>		How related to deceased <i>Sister</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Summer Diarrhoea</i>		How long <i>105</i>		a few days	
		Immediate <i>Exhaustion</i>		How long			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>No physician in attendance</i>			
				Address <i>Myrtle Cambridge Md.</i>			
Accident or Suicide?							





Name  
in  
Full

Mahala Gray

14

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Cambridge

Town

Dorchester

County

Date  
of death 1906

Month

July

Day

23

Years

Age

71

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Housework

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

James Gray

Father's  
Birthplace

Md

Mother's  
Maiden Name

Priscilla Elliott

Mother's  
Birthplace

Md

Name of person giving  
information

Annie Gray

How related  
to deceased

Sister

## CAUSES OF DEATH

Primary

Bright's Disease -

How long

Immediate

Heart Failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

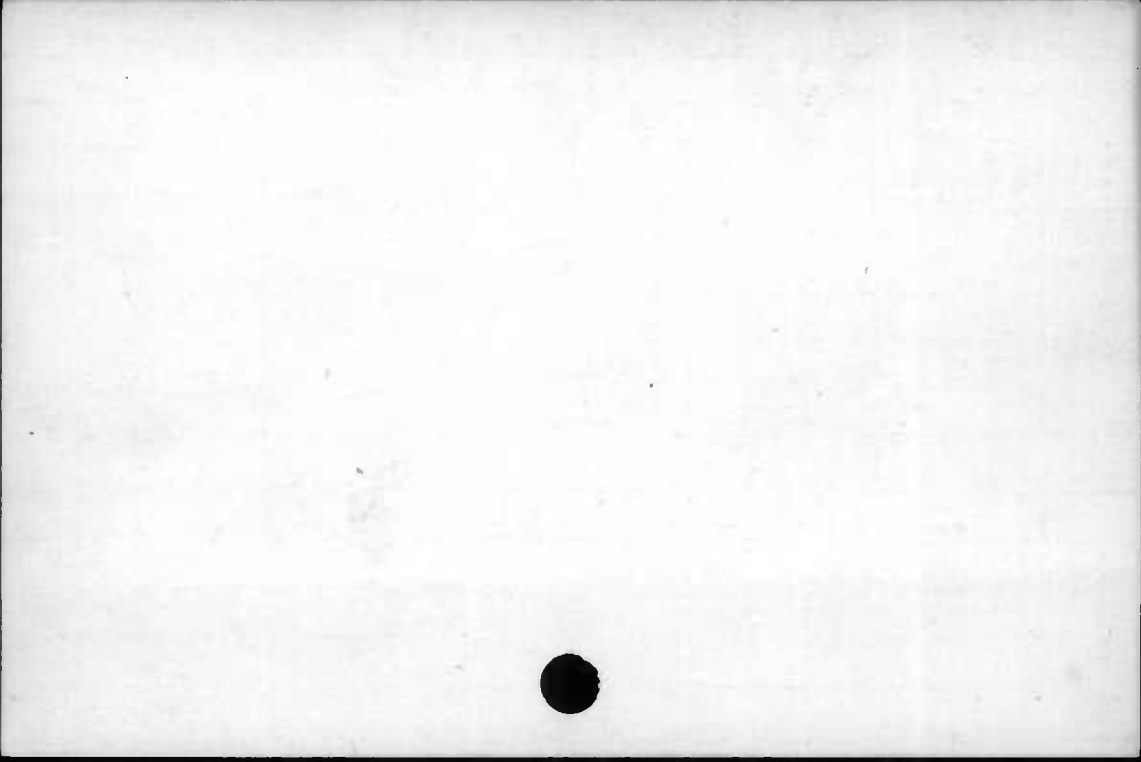
E E Wolff

Address

Cambridge, Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Daniel J Henry*

Town *East New Market* County *Dorchester*

Died at *East New Market*

MARYLAND

Date of death *1906* Month *7* Day *30* Age *52* Years Months Days

Sex *Male* Color or Race *colord* Birth-place *Dorchester*

Occupation *Farm Hand* Where Residing if not at place of death

~~Married~~ or Widowed Name of Wife or Husband *Wennie King*

Father's Name *Daniel Henry* Father's Birthplace *Dorchester*

Mother's Maiden Name *dont now* Mother's Birthplace

Name of person giving information *John W Henry* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Partial Paralysis* How long *5 months*

*Paralysis complete* How long *one week*

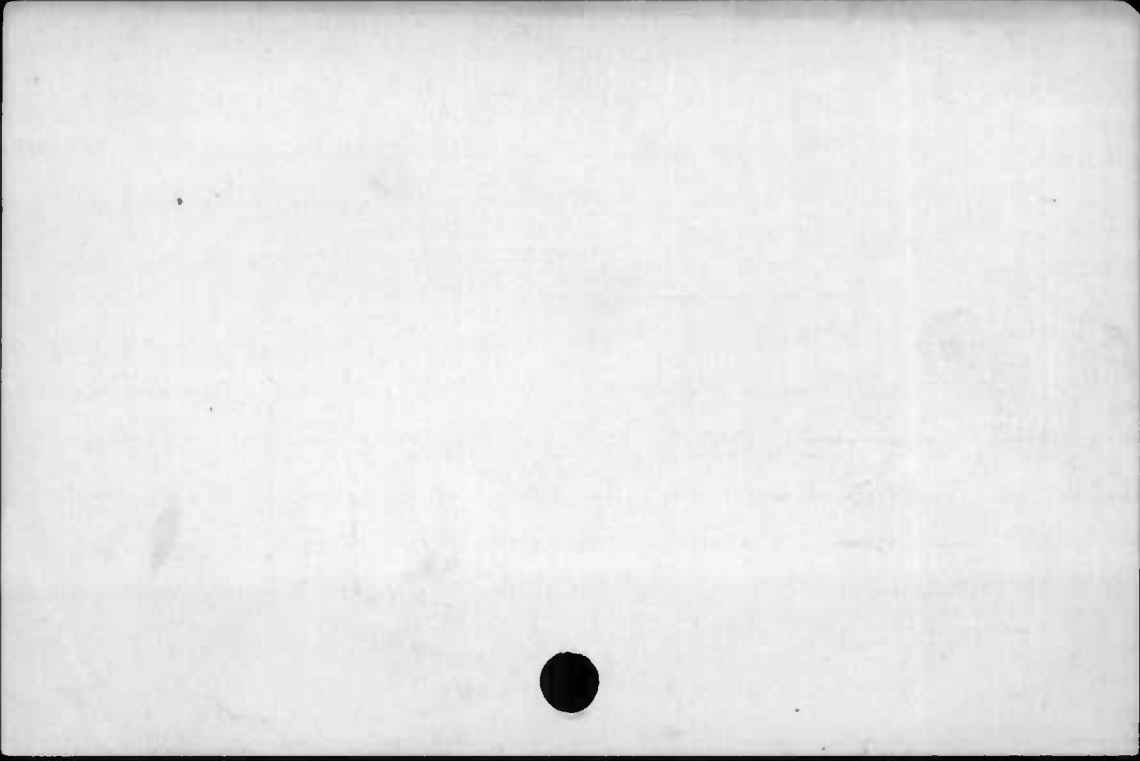
Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Edward L. Jones*

Address *East New Market Md.*

Accident or Suicide?



Name  
in  
Full

Octavia Sullivan Henry

CERTIFICATE OF DEATH

P.O. Died at <sup>Town</sup> Cambridge

<sup>County</sup> Worcester

MARYLAND

Date of death 1906

<sup>Month</sup> July

<sup>Day</sup> 16

<sup>Years</sup> Age 65

<sup>Months</sup> 10-

<sup>Days</sup> 11

Sex Female

Color or Race white

Birth-place Mississippi

Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed widow

Name of Wife or Husband Rides Henry

Father's Name VanMurray Sullivan

Father's Birthplace In Co. Md

Mother's Maiden Name Octavia Sullivan VanDorn

Mother's Birthplace Mississippi

Name of person giving In formation Rides Henry

How related to deceased Son

CAUSES OF DEATH

Primary Fracture of left thigh

164

How long 14 days

Immediate Gradual Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Henry Steele

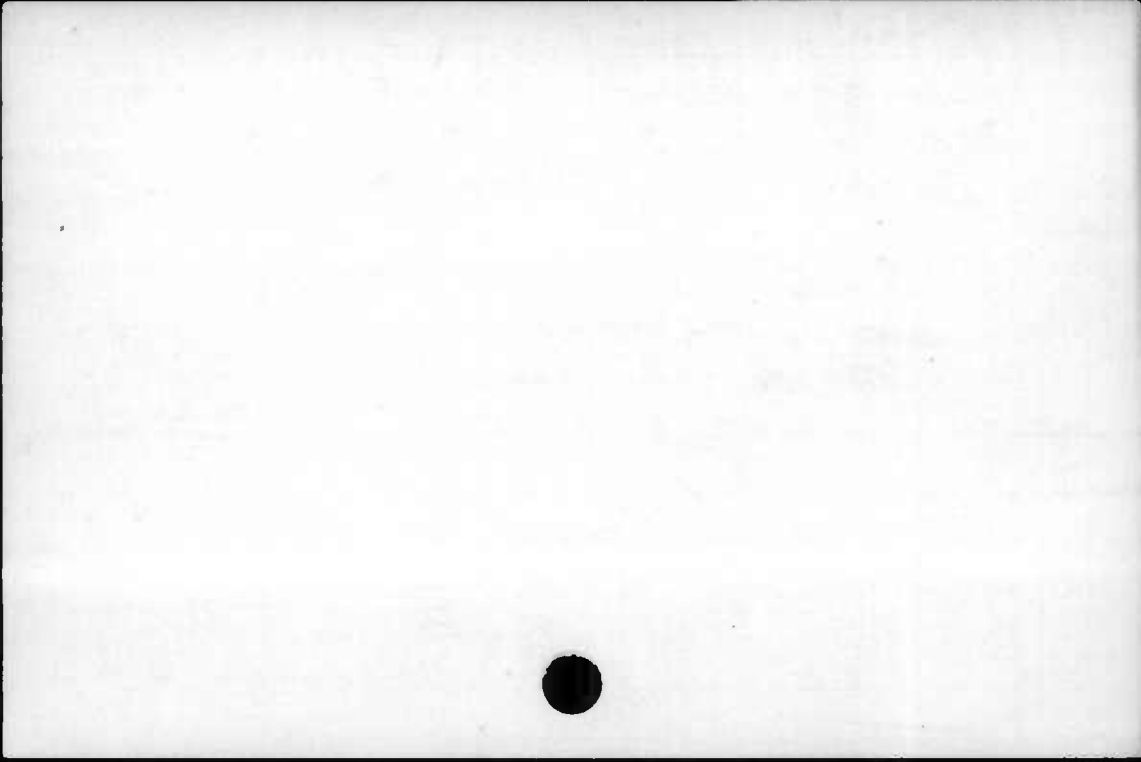
Address

Cambridge Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Elmer Holliday

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hurlbuck		County Horchester		MARYLAND	
Date of death		Month 6 July	Day 1st	Years 1	Months 3	Days	
Sex Male		Color or Race Colored		Birth-place Md			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Joe Holliday		Father's Birthplace Md					
Mother's Maiden Name Amanda Jackson		Mother's Birthplace Md					
Name of person giving information Joe Holliday		How related to deceased Father					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Dysentery	How long	2 weeks
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?		yes	
	Signature of Physician		O. L. Maguire	
	Address		Hurlbuck Md	
Accident or Suicide?				





Name  
in  
Full

Wm H. Hooper

## CERTIFICATE OF DEATH

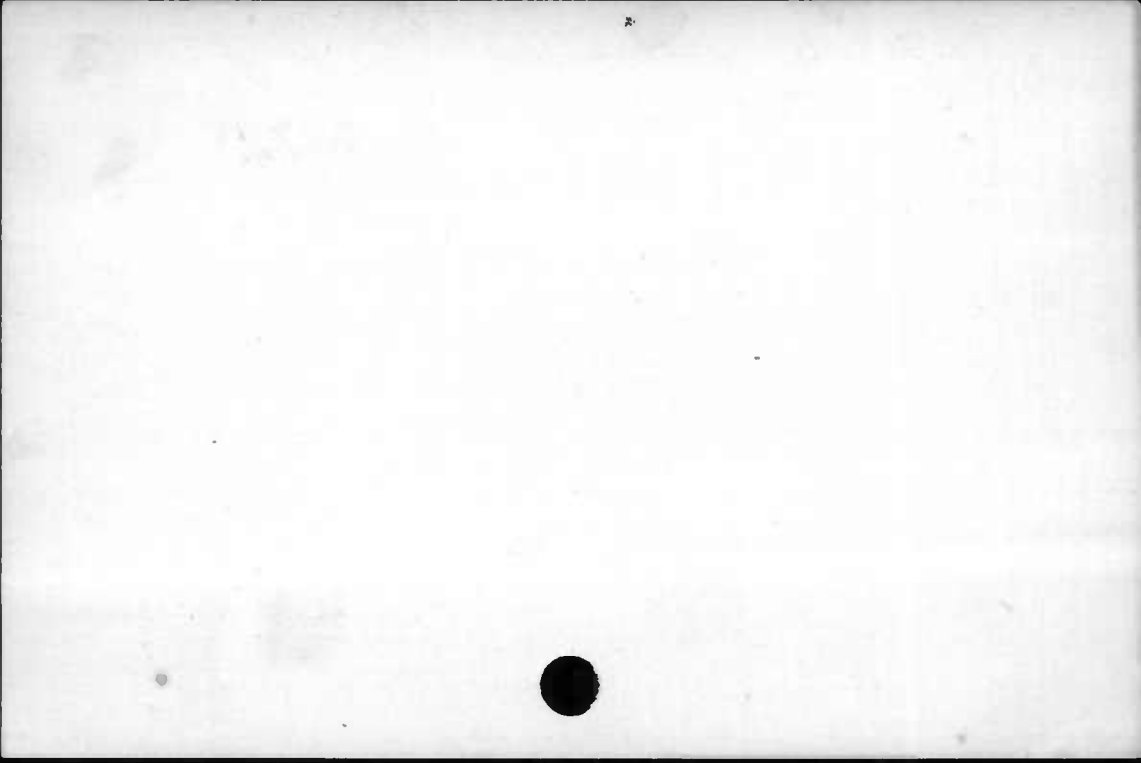
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Taylor's Island</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND		
Date of death	<i>1906</i> <sup>Year</sup>	<i>July</i> <sup>Month</sup>	<i>25</i> <sup>Day</sup>	<i>37</i> <sup>Years</sup>	<i>0</i> <sup>Months</sup>	<i>0</i> <sup>Days</sup>
Sex	<i>Male</i>	Color or Race	<i>African</i>	Birth-place	<i>Md</i>	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband				
Father's Name	<i>Jos. A. Hooper</i>			Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Hester A. Hooper</i>			Mother's Birthplace	<i>Md</i>	
Name of person giving information	<i>Jos. A. Hooper</i>			How related to deceased	<i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Parenchymatous Nephritis</i>	How long	<i>2 yrs</i>
Immediate	<i>Cardiac Paralysis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Jos. K. Shriver Jr</i>
<i>Yes</i>		Address	<i>Taylor's Island</i>
			<i>Md</i>
Accident or Suicide? <i>No</i>			



Name  
in  
Full

Edward Maurice Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *East New Market*

Town

*Dorchester*

County

MARYLAND

Date  
of death *1906*Month  
*7*Day  
*5*Age  
YearsMonths  
*7*Days  
*12*Sex  
*male*Color or  
Race  
*white*Birth-  
place  
*E. N. Market, Md.*

Occupation

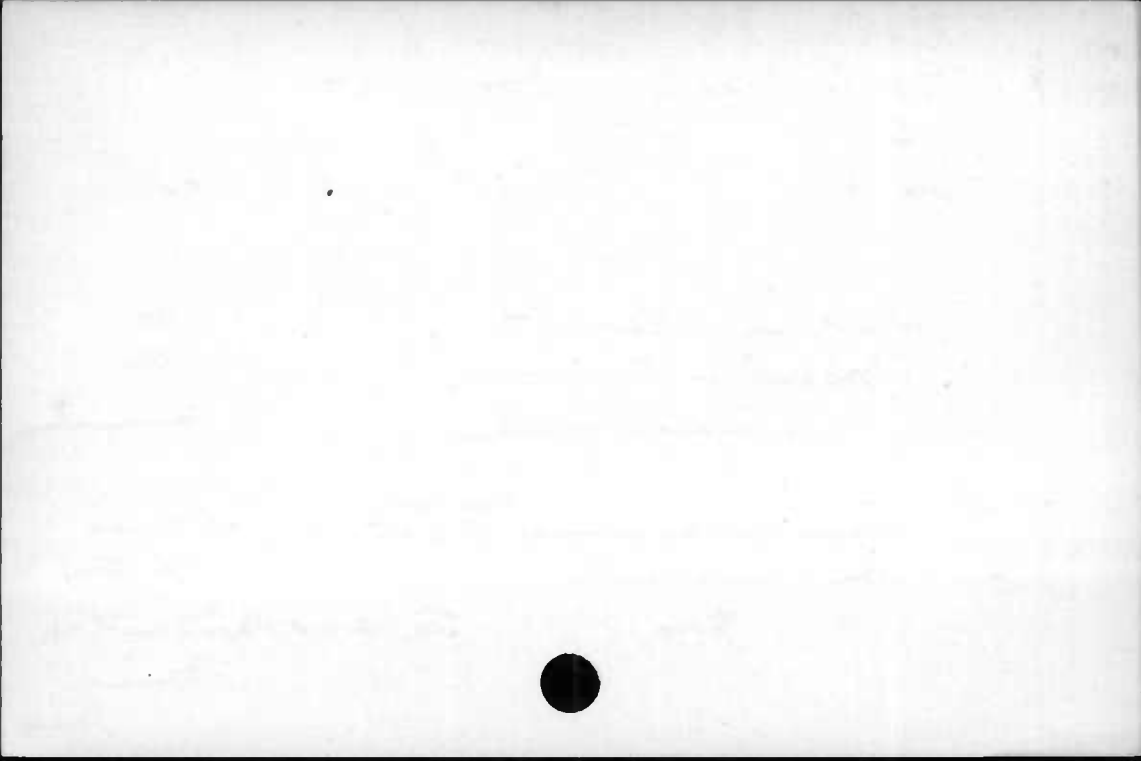
Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name  
*Edward L. Jones*Father's  
Birthplace  
*E. N. Market, Md.*Mother's  
Maiden Name  
*Anne McGirr*Mother's  
Birthplace  
*Maryland*Name of person giving  
In formation  
*Edward L. Jones*How related  
to deceased  
*Father*

## CAUSES OF DEATH

Primary  
*Iles Colitis*How long  
*seven days*Immediate  
*convulsions*How long  
*one day*Are the name, age, sex, color, date  
and place correctly given above?  
*yes*Signature of  
Physician  
*Edward L. Jones*Address  
*East New Market, Md.*

Accident or Suicide?

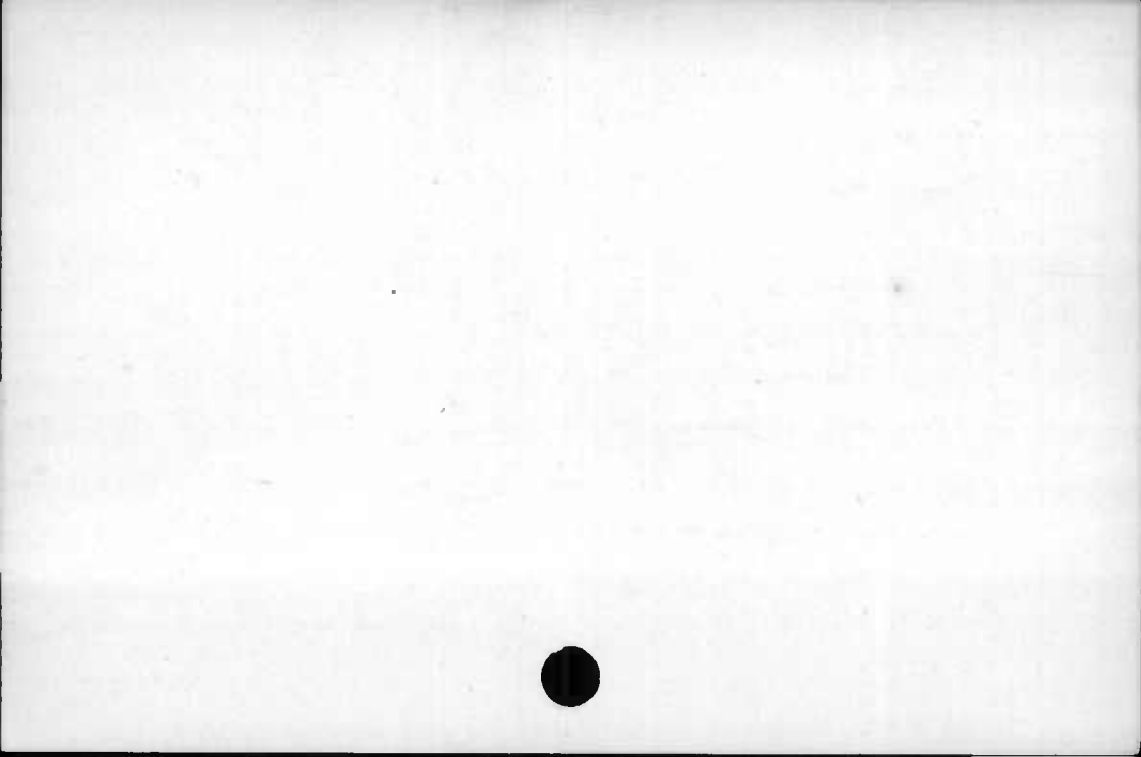
PHYSICIAN  
OR CORONER



Name in Full <b>Nora M Jones</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Wire Neck</b> <small>Town</small>		<b>Dorchester</b> <small>County</small>
	Date of death <b>1906</b> <small>Month</small> <b>7</b> <small>Day</small> <b>27</b>		<b>28</b> <small>Years</small> <small>Months</small> <b>—</b> <small>Days</small> <b>—</b>
	Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>Co.</b>
	Occupation <b>HLW</b>	Where Residing if not at place of death <b>—</b>	
	Married, Single or Widowed <b>Married</b>	Name of <del>Wife</del> <b>Benj Jones</b> <small>Husband</small>	
	Father's Name <b>Larkin Wheally</b>	Father's Birthplace <b>Co</b>	
	Mother's Maiden Name <b>Priscilla Morris</b>	Mother's Birthplace <b>Co</b>	
Name of person giving information <b>Husband</b>	How related to deceased <b>Husband</b>		

### CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<b>Tuberculosis Nervous System</b>	How long <b>3 mos</b>
	Immediate	<b>Exhaustion</b>	How long <b>10 days</b>
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Chas. H. [Signature]</b>
	Address <b>Virginia</b>		<b>Wm</b>
Accident or Suicide? <b>—</b>			



Name  
in  
Full

*Daniel Kane*

CERTIFICATE OF DEATH

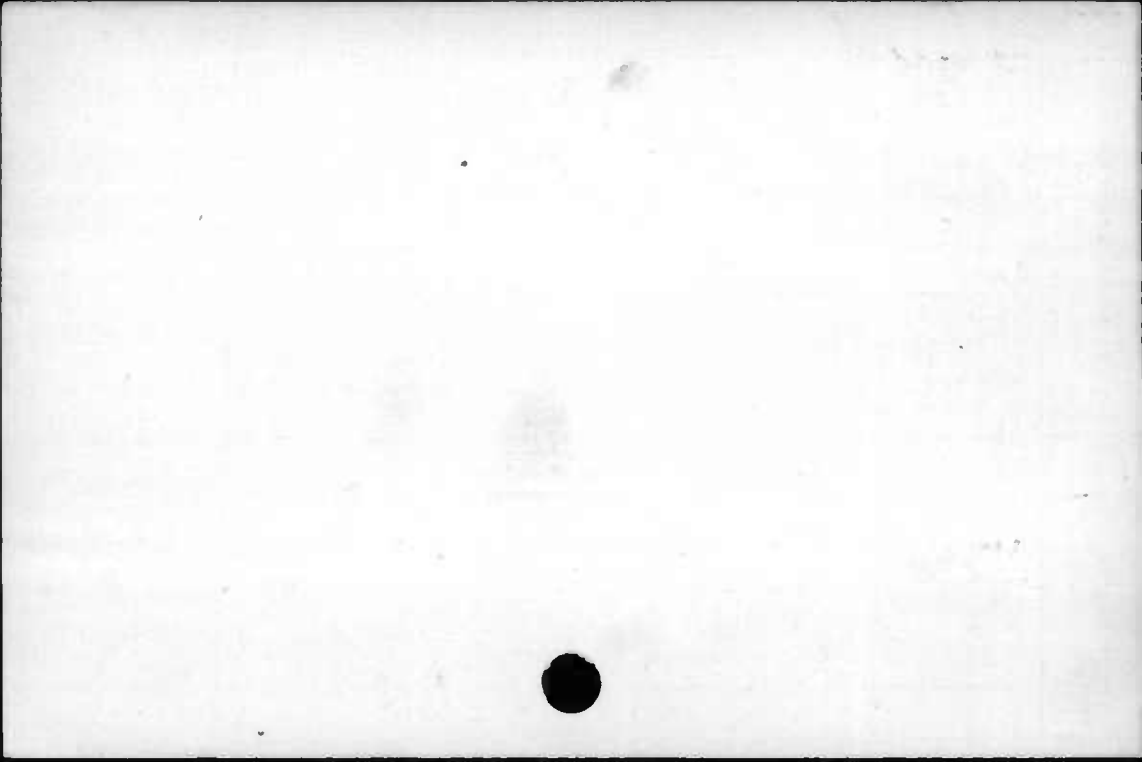
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		<i>7</i> <small>Months</small>		<i>7</i> <small>Days</small>	
Date of death <i>1906 July 30th</i>		Age <i>40</i>					
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place			
Occupation <i>Laborer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Emma Kane</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Emma Kane</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid Pneumonia</i>	How long	<i>Two weeks</i>
Immediate	<i>Asthenia &amp; Cardiac Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dexter P. Reynolds M.D.</i>	
		Address <i>Cambridge Md</i>	
Accident or Suicide?			





Name  
in  
Full

Elizabeth W. Lake.

CERTIFICATE OF DEATH

8

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND Md

Died at <sup>Town</sup> Cambridge

<sup>County</sup> Dorchester

Date of death 1906 July 2

Day 15

Age ~~5~~

Months 8

Days

Sex female.

Color or Race White

Birth-place Cambridge Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Edward Lake.

Father's Birthplace Tokumille

Mother's Maiden Name Elizabeth Mace

Mother's Birthplace Golden Hill

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary Cholera Infantum

105

How long one week.

Immediate Collapse

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

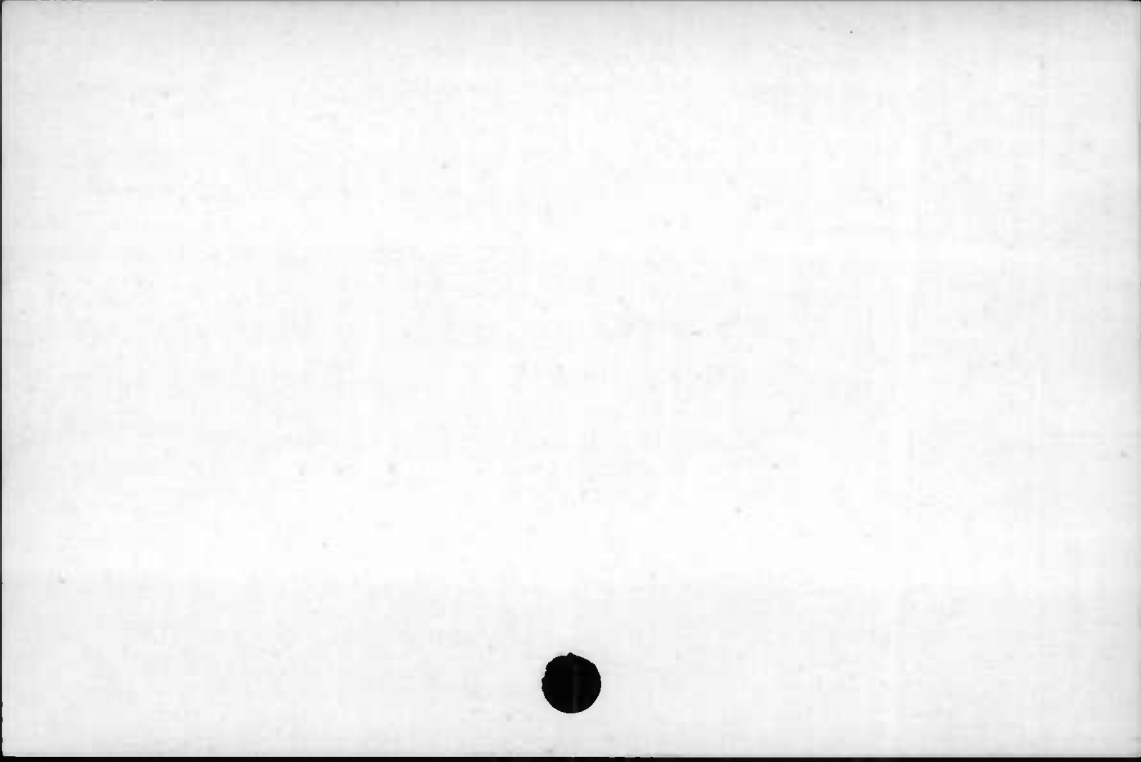
John C. Francis

Address

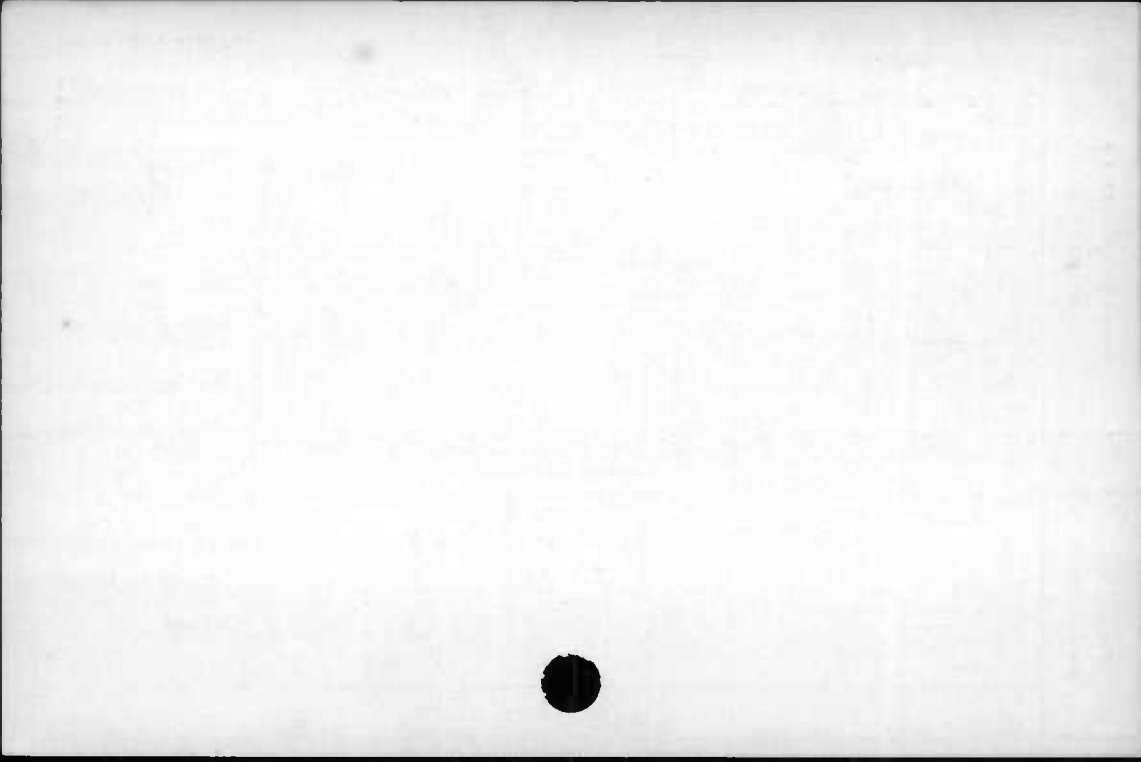
Cambridge Md.

PHYSICIAN OR CORONER

Accident or Suicide?



Name in Full		Katharine M. Namara				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Cambridge		County Dorchester		MARYLAND	
		Date of death 1906 July		Day 26		Age	
		Sex Female		Color or Race White		Birth place Cambridge Md	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name J. V. M. Namara		Father's Birthplace Dorchester Mass			
		Mother's Maiden Name Bessie Meekins		Mother's Birthplace " " "			
		Name of person giving information Bessie Meekins		How related to deceased Mother			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Cyanosis		How long Since birth			
		Immediate E. Lauck		How long After hours			
		Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. G. L. Brown			
				Address Cambridge Md			
		Accident or Suicide?					



Name  
in  
Full

Henry Clay McKinis 10

## CERTIFICATE OF DEATH

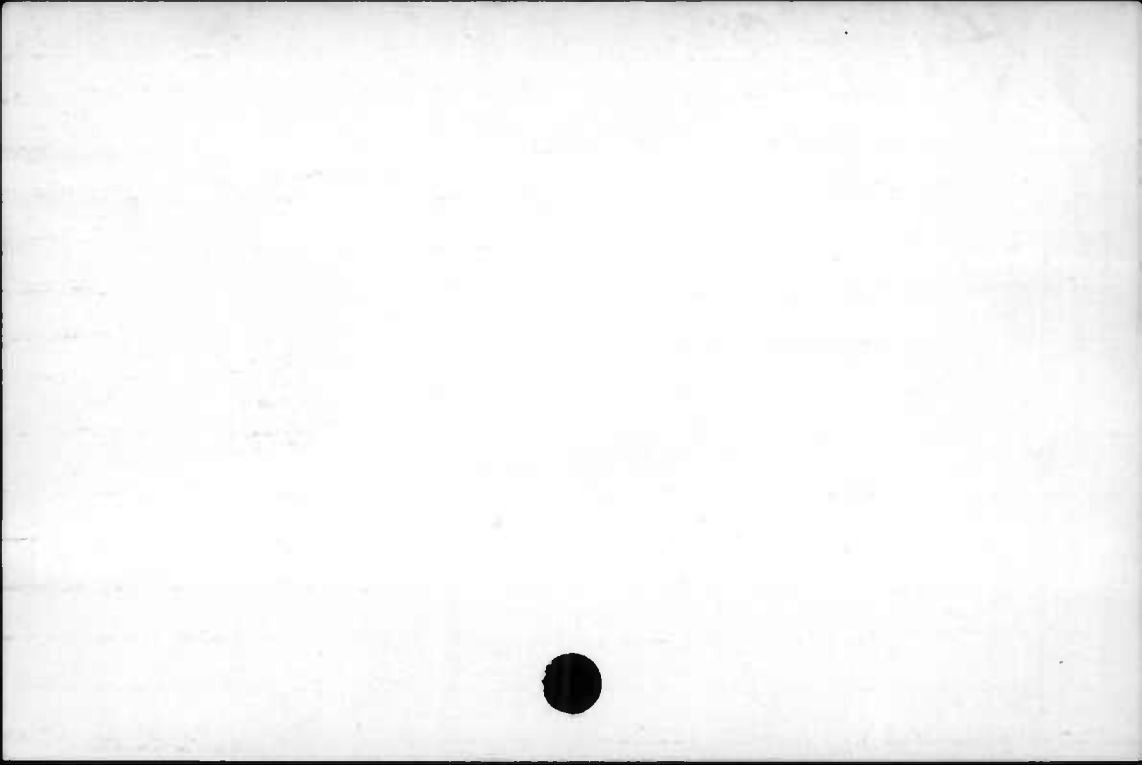
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Cambridge		<sup>County</sup> Dorchester		MARYLAND	
Date of death	1906	Month	July	Day	10
			Years	Age	65
Sex	Male		Color or Race	Colored	
Birthplace	Golden Hill				
Occupation	Servant		Where Residing if not at place of death		
<del>Married</del> , Single or <del>Widowed</del>		Name of Wife or Husband			
Father's Name	Not known			Father's Birthplace	Not known
Mother's Maiden Name	not known			Mother's Birthplace	not known
Name of person giving information	J. C. Travers			How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Apyrexia	How long	two hours
Immediate	Asphyxia	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	John C Travers		
	Address		
	Cambridge Md.		
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

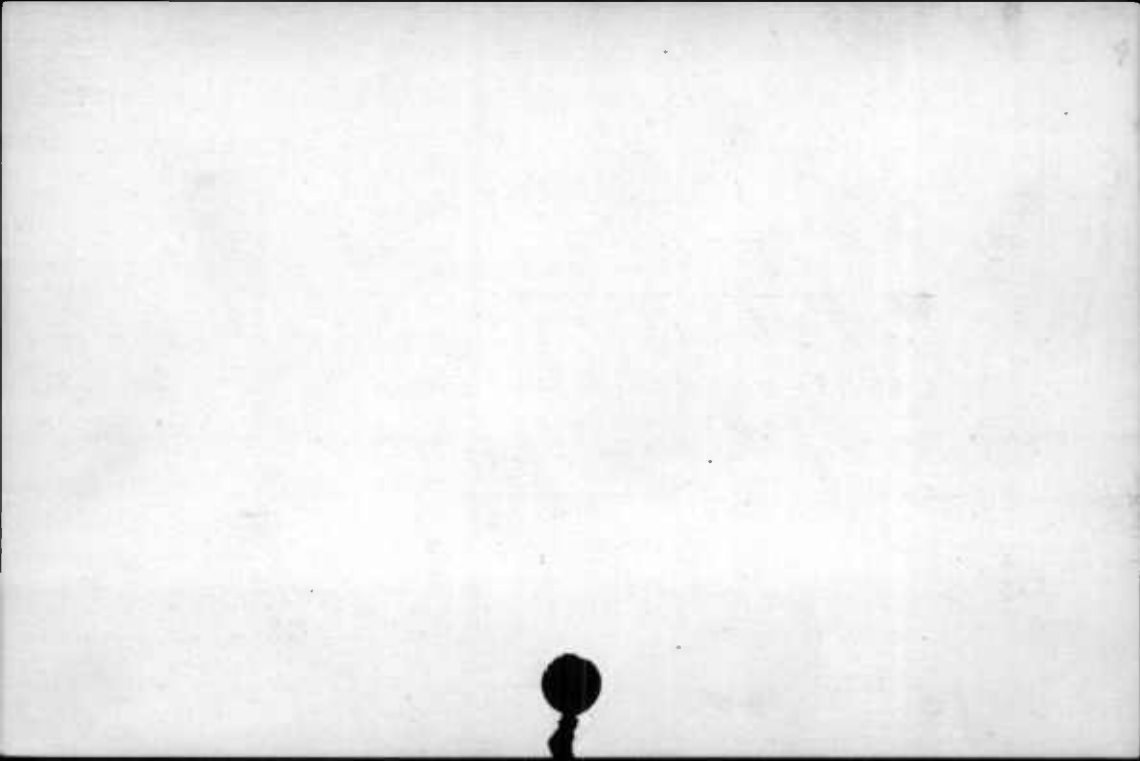
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Meiger</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		11	
Died at		Date of death		Age		Months	
<i>Cambridge</i>		<i>1906</i>		<i>66</i>		<i>20</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>		Days	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Cambridge Md.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Henry Meiger</i>					
Father's Name <i>Mr. Philips</i>		Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>Martha Philips</i>		Mother's Birthplace					
Name of person giving information <i>George Meiger</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis Pulmonary</i>	How long	<i>Several months</i>
Immediate	<i>C. Lausku</i>	How long	<i>few weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. E. C. Howard</i>
		Address	<i>Cambridge Md</i>
Accident or Suicide?			

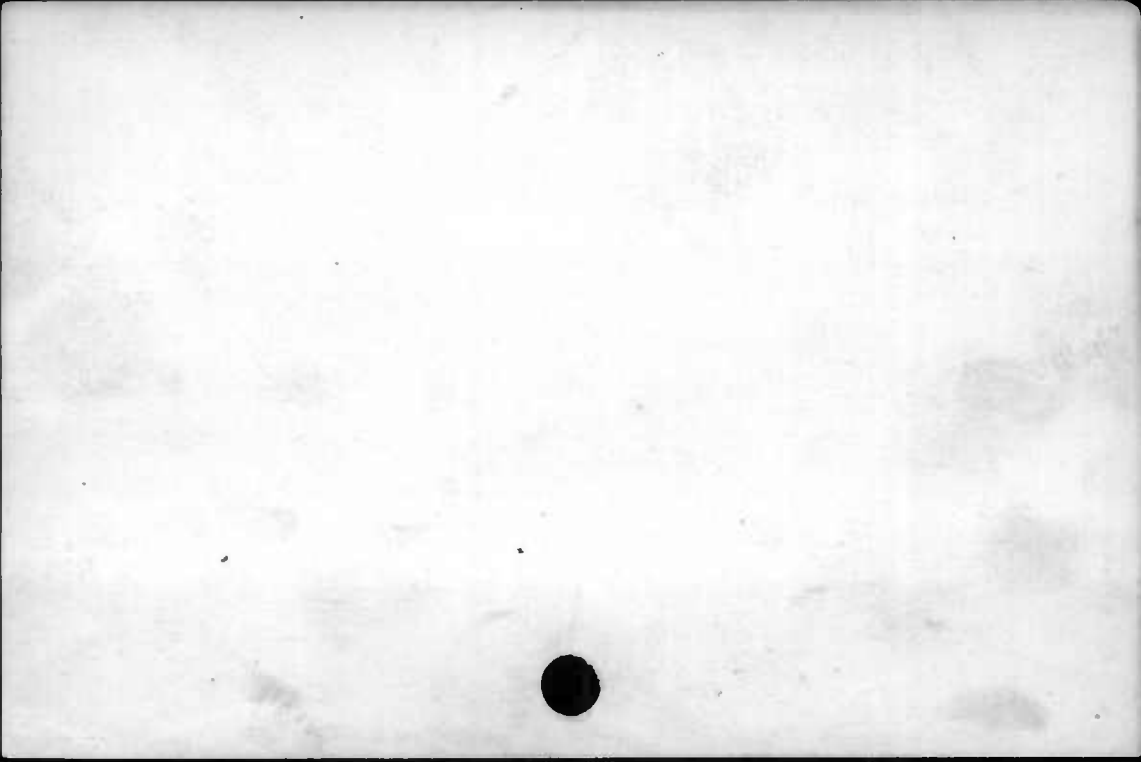




TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
DR CORONER

MARYLAND



Name in Full		Elija Stephen Murphy				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Bishops Head		County Hancock		MARYLAND
	Date of death		1906	Month July	Day 20	Age 76	Months 6
	Sex		Female		Color or Race White		Birth-place Md.
	Occupation		None		Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of Wife or Husband William Murphy		
	Father's Name		Moses Brumble		Father's Birthplace Md.		
	Mother's Maiden Name		Elizabeth Brumley		Mother's Birthplace Md.		
Name of person giving information		Mrs Murphy		How related to deceased Husband			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Apoplexy		How long		6 hours
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician E. A. P. Jones		
					Address Chapin, Md.		
	Accident or Suicide?						



Name  
in  
Full

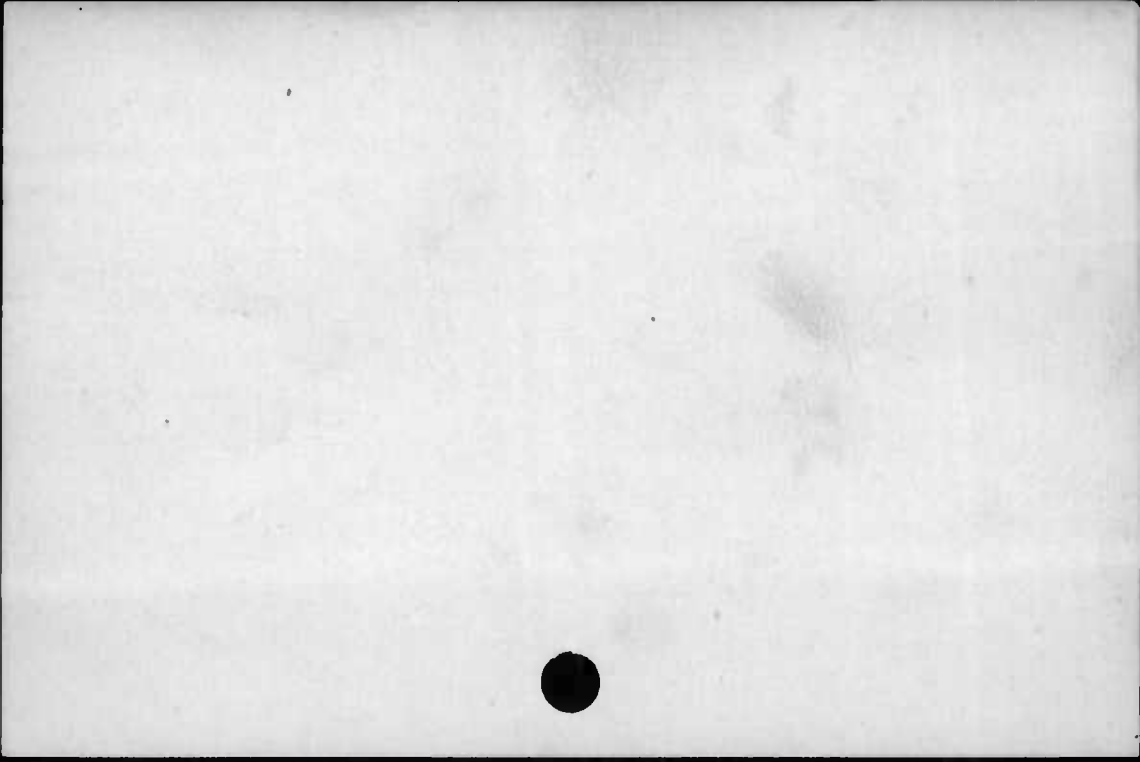
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>John M. Murphy</i>		Town <i>Parson</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1904</i>		Month <i>7</i>	Day <i>9</i>	Years <i>68</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>Dorchester</i>			
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, <del>Single</del> or <del>Widowed</del>			Name of Wife or Husband <i>Adeline Tall</i>				
Father's Name <i>James Murphy</i>			Father's Birthplace				
Mother's Maiden Name <i>Eliza</i>			Mother's Birthplace <i>Dorchester</i>				
Name of person giving information <i>Edas Wolder</i>			How related to deceased <i>Friend</i>				

## CAUSES OF DEATH

Primary <i>Lost his mind</i>	(18)	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>No Physician</i>	Address <i>John L. Abdell Jr</i>
Accident or Suicide?		



Name  
in  
Full

CERTIFICATE OF DEATH

Mary S Payne

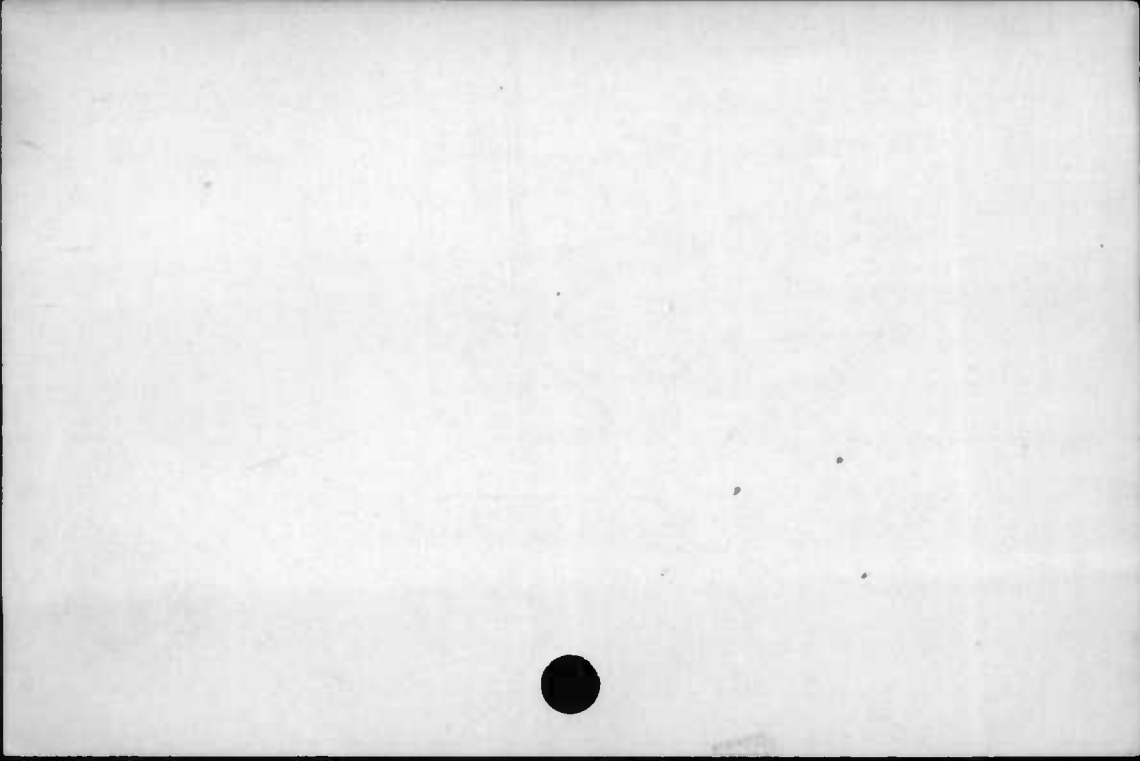
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		7	14	34			
Sex	Female	Color or Race	White		Birth-place	Dorchester	
Occupation	House Wife		Where Residing if not at place of death				
Married, <del>Single</del>	Name of Wife or Husband		Kemp Payne				
Father's Name	Samuel E Collins				Father's Birthplace	Dorchester	
Mother's Maiden Name	Lulia Turpin				Mother's Birthplace	"	
Name of person giving information	Thos Collins				How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis of Lung		How long	7 yrs.
Immediate	Coronary atheroma		How long	Then weeks
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Edwards L. Jones	
			Address	
			E. H. Market, Md.	
Accident or Suicide?				

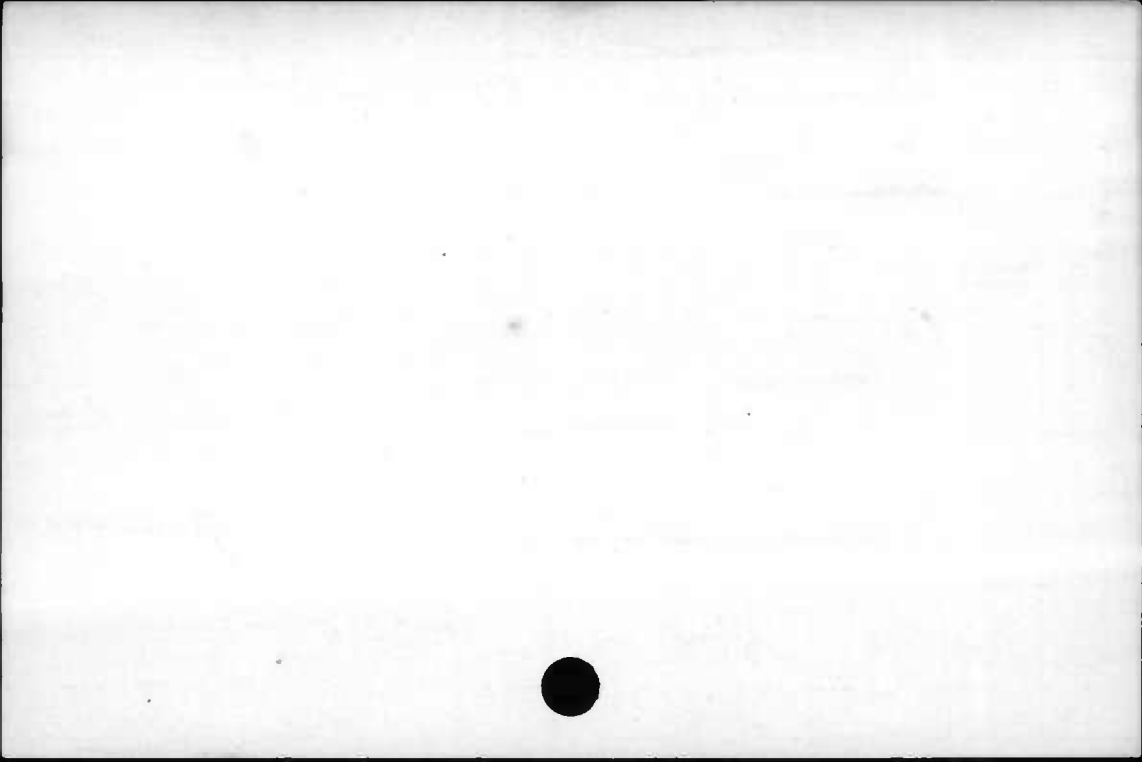




Name in Full		Town		County		CERTIFICATE OF DEATH	
Benjamin Thomas		Golden Hill		Dorchester		MARYLAND	
Died at		Date of death		Age		Months Days	
1906		July 24		85			
Sex		Color or Race		Birth-place			
Male		White		Md			
Occupation		Where Residing if not at place of death					
Farming							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Benjamin Phillip		Md					
Mother's Maiden Name		Mother's Birthplace					
Mary Hooper		Md					
Name of person giving information		How related to deceased					
Geo Wilson		Brother in Law					
CAUSES OF DEATH							
Primary		How long					
Mitral Regurgitation		1 yr					
Immediate		How long					
Cardiac Paralysis		1 day					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		Address					
		Jos. K. Shriver Jr					
		Taylor's Island					
		Md					
Accident or Suicide?							



Name in Full		Elizabeth Pinkett				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	near E N market		Dorchester Co		MARYLAND	
	Date of death	1906	7th	2	Age	2	Months 1 Days
	Sex	Girl		Color or Race	Black		Birthplace
	Occupation	none		Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Charles Pinkett				Father's Birthplace	Dorchester County
	Mother's Maiden Name	Mary Pinkett				Mother's Birthplace	" "
Name of person giving information	Wm J Adkins				How related to deceased	none	
<div>CAUSES OF DEATH</div> <div> <div>Primary</div> <div> <div>Deep Cold</div> <div>How long</div> <div>2 weeks</div> </div> </div>							
PHYSICIAN OR CORONER	Immediate						
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	none		
				Address	Wm J Adkins Jr		
	Accident or Suicide?						



Name  
In  
Full

*Plummer*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brookview</i>		County <i>Dorchester</i>		MARYLAND	
Date of death 1906	Month 7	Day 29	Age —	Months 19	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Co</i>		
Occupation —			Where Residing if not at place of death —		
Married, Single or <del>widowed</del>			Name of Wife or Husband —		
Father's Name <i>Wm Plummer</i>			Father's Birthplace <i>Co</i>		
Mother's Maiden Name <i>Emma Willen</i>			Mother's Birthplace <i>Co</i>		
Name of person giving information <i>E Willen</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Inanition</i>	How long <i>19 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ch Brokman</i>
<i>Born at 4th Mo.</i>	Address <i>Neim</i>
Accident or Suicide? <i>No.</i>	<i>Med</i>

前



Name  
in  
Full

John Ed. Parks

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Cambridge<sup>County</sup> 1-15  
Dorchester

MARYLAND

Date of death 1906 <sup>Month</sup> July <sup>Day</sup> 26Age 59<sup>s</sup><sup>Months</sup> 7 <sup>Days</sup> 25

Sex Male

Color or  
Race

white

Birth-  
place

Anneretts Md.

Occupation

Supt. Canning factory

Where Residing if not  
at place of deathMarried, Single  
or Widowed

widowed

Name of Wife or  
Husband

Martha Bell

Father's  
Name

Wm. H. Parks

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Matilda M. Daniel

Mother's  
Birthplace

Md.

Name of person giving  
In formation

Myra Parks

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Chronic Interstitial Nephritis

How long

7 months

Immediate

Exhaustion &amp; Anemia

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

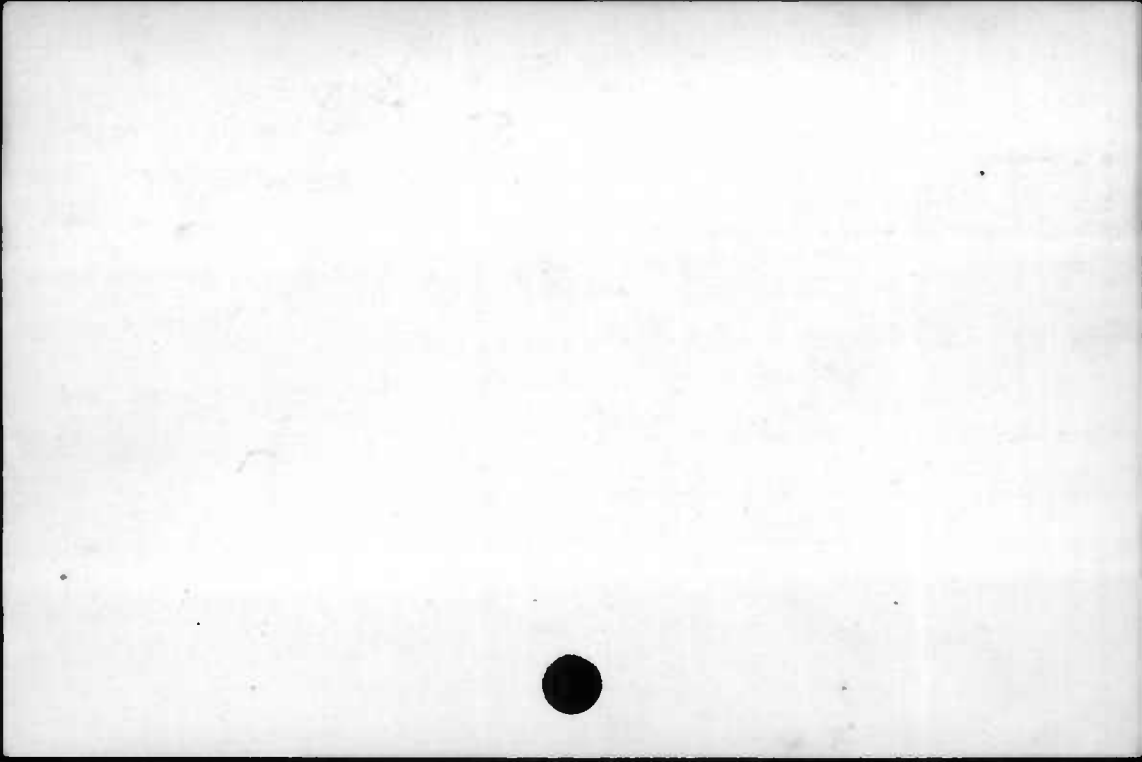
Signature of  
Physician

Guy Stuber

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Phelps J. Richardson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumtidge</u>		Town <u>Dorchester</u>		County <u>MA</u>		MARYLAND	
Date of death <u>1906</u>		Month <u>July</u>		Day <u>4</u>		Age <u>6</u>	
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Cumtidge Md</u>		Months <u>6</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>					
Father's Name <u>Milton C Richardson</u>		Father's Birthplace <u>Dorchester Md</u>					
Mother's Maiden Name <u>Lame O Phillips</u>		Mother's Birthplace <u>" " "</u>					
Name of person giving information <u>M. C Richardson</u>		How related to deceased <u>Father</u>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary Enteric - ColitisImmediate CholeraAre the name, age, sex, color, date and place correctly given above? Yes

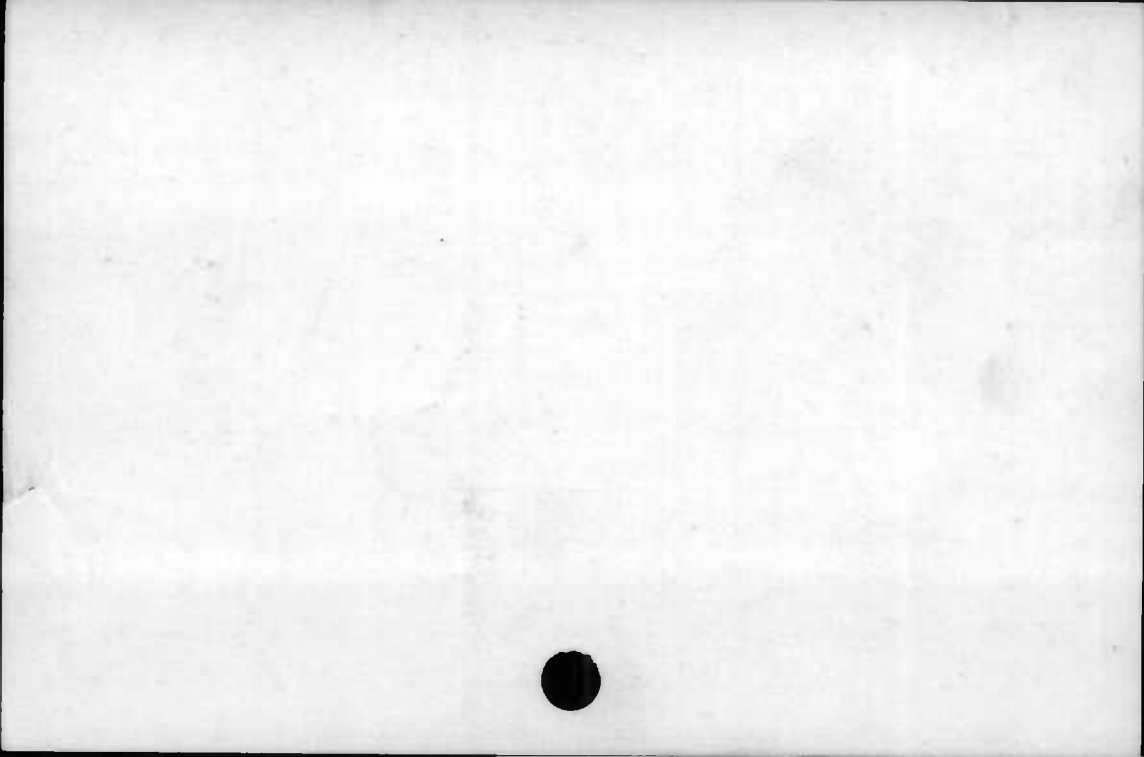
Signature of Physician

Address

How long

How long

Accident or Suicide?



Name  
in  
Full

Alice Swayne Robinson

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Cambridge<sup>County</sup> Dorchester

MARYLAND

Date  
of death 1906

Month 7

Day 9

Age Years

Months 6

Days 10

Sex Female

Color or  
Race

White

Birth-  
place

Md.

Occupation

Child

Where Residing If not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

W. L. G. Robinson

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Sallie Pritchett

Mother's  
Birthplace

Md.

Name of person giving  
Information

W. L. G. Robinson

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Pedatrophly

Immediate

Exhaustion

How long

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

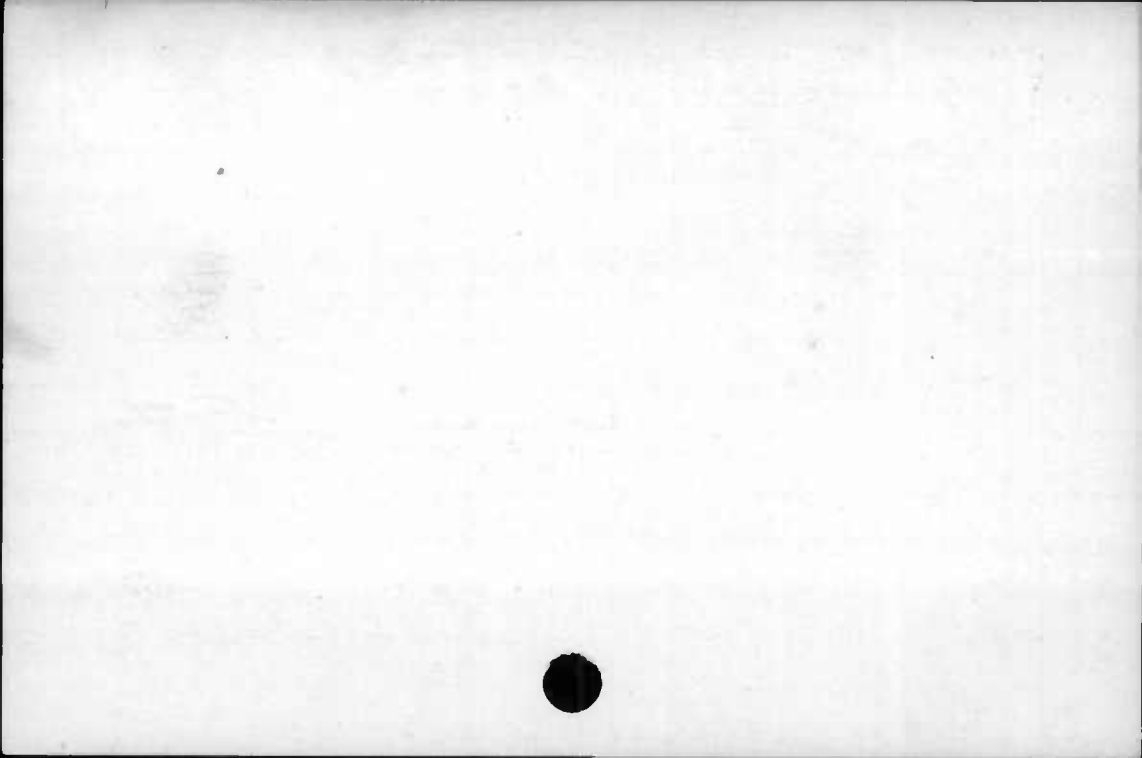
Address

E. E. Waelff

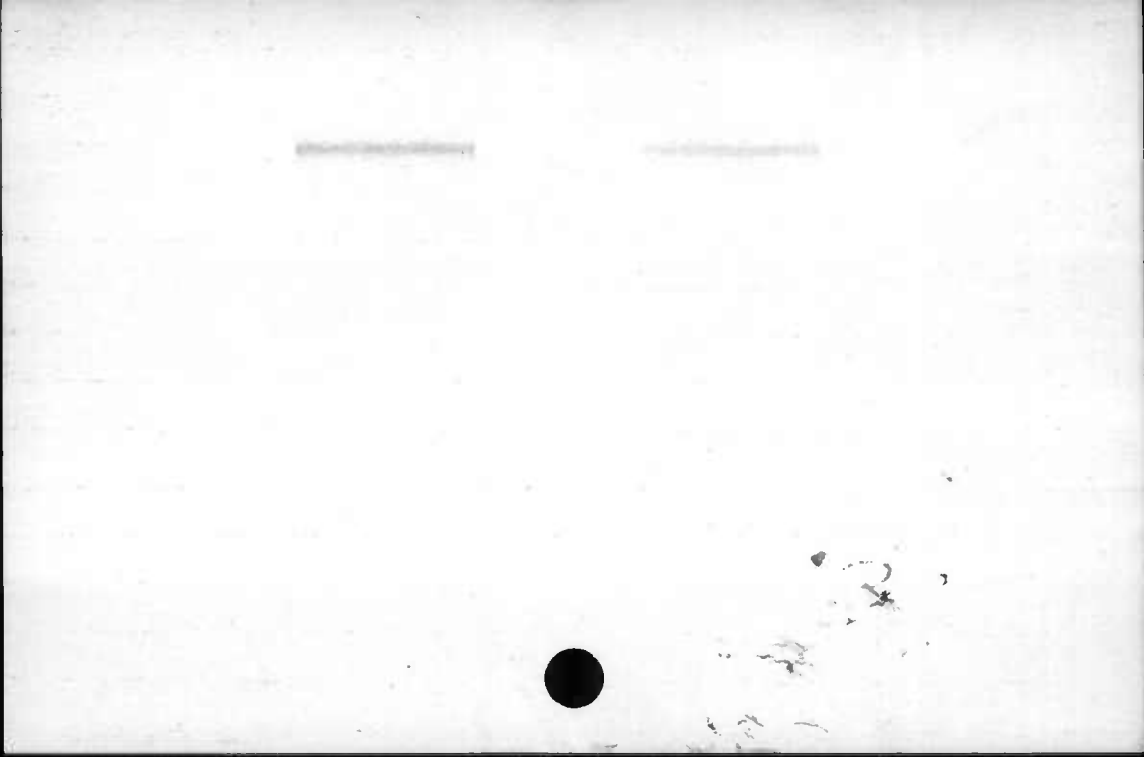
Cambridge, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full <b>Lelande Maire Tolley</b>		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Fishing Creek</b> <small>Town</small>		<b>Dor</b> <small>County</small>		<b>MARYLAND</b>
	Date of death <b>1906</b>	<b>July</b> <small>Month</small>	<b>14</b> <small>Day</small>	Age <b>2</b> <small>Years</small>	<b>9</b> <small>Months</small> <b>30</b> <small>Days</small>
	Sex <b>female</b>		Color or Race <b>White</b>		Birth-place <b>Fishing Creek</b>
	Occupation <b>—</b>			Where Residing if not at place of death <b>—</b>	
	Married, Single or Widowed <b>—</b>		Name of Wife or Husband <b>—</b>		
	Father's Name <b>Walter Tolley</b>			Father's Birthplace <b>Fishing Creek</b>	
Mother's Maiden Name <b>Molly Parker</b>			Mother's Birthplace <b>Fishing Creek</b>		
Name of person giving information <b>Walter Tolley</b>			How related to deceased <b>father</b>		
<b>CAUSES OF DEATH</b>					
PHYSICIAN OR CORONER	Primary <b>Convulsions</b>		How long <b>7 days</b>		
	Immediate <b>—</b>		How long <b>—</b>		
	Are the name, age, sex, and place correctly given <b>yes</b>		Signature of Physician <b>W. H. Houston md</b>		
			Address <b>Fishing Creek Md</b>		
Accident or Suicide? <b>—</b>					



Name In Full		CORNELIA THOMAS				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hudson		Towson		Baltimore	
	Date of death	1906	Month	July	Day	2	Age
	Sex	Female		Color or Race	Negro		Birthplace
	Occupation	Housewife		Where Residing if not at place of death		Hudson Ind	
	Married, Single or Widowed	Married		Name of Husband	John Thomas		
	Father's Name	Rev. Ambrose				Father's Birthplace	Hudson
	Mother's Maiden Name	Eliza Richardson				Mother's Birthplace	Cornersville
Name of person giving information	Jesse Rimmer				How related to deceased	None	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pelvic cellulitis secondary				How long	6 mos
	Immediate	Peritonitis				How long	3 days
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	S. A. Stokes M. D.
	Address	Rt 6 Box 5 Cambridge					Ind
Accident or Suicide?							





Name  
in  
Full

Mary Thomas

## CERTIFICATE OF DEATH

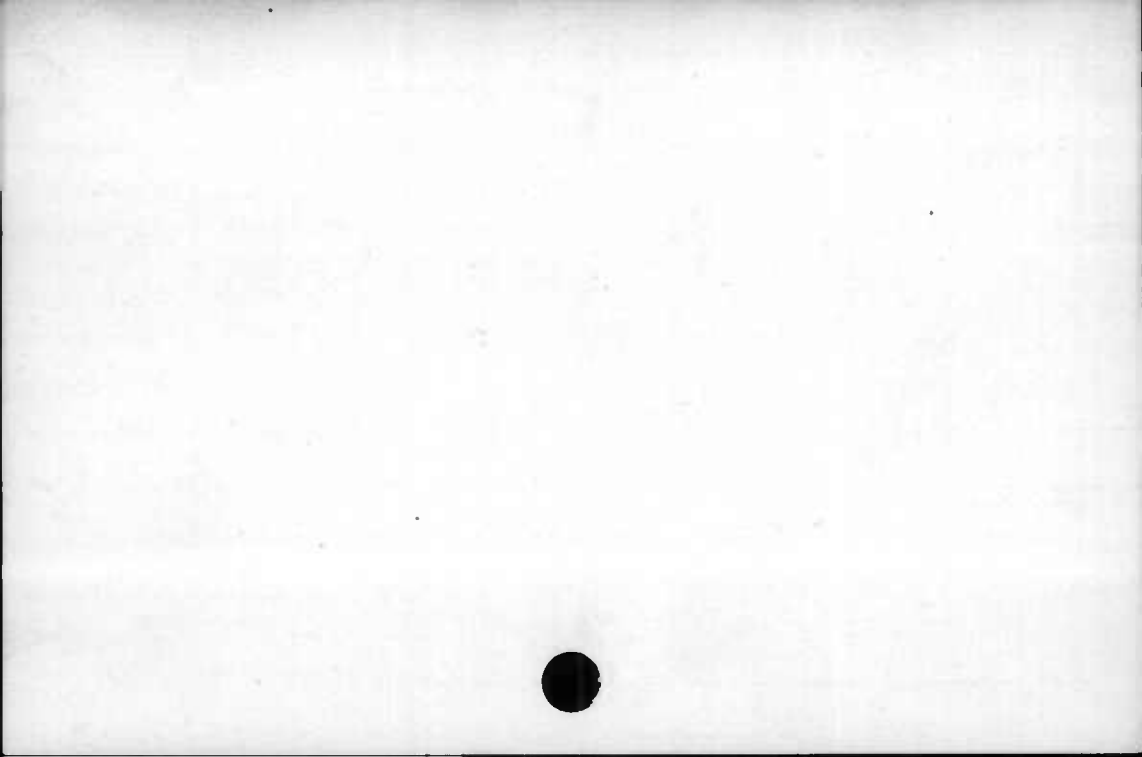
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wrightstown</i> <small>Town</small>		<i>Barclay</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>2</i>	Age <i>45</i>	Years <i>45</i>	Months <i>45</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jas H Thomas</i>				
Father's Name <i>Thomas</i>		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>Sol. Davidson</i>		How related to deceased <i>Son in law</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cholera morbus</i>	How long <i>6 days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S A Stokes</i>	
	Address <i>R 76 #5 Cambridge Md</i>	
Accident or Suicide?		



Name  
in  
Full

George Todd

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Cambridge<sup>County</sup> Worcester

Date of death 1906 July #

Day 15

Years 78 Age

Months 11

Days

Sex Male

Color or Race

white

Birth-place

Or. Co. Ind.

Occupation

Farmer

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Lavinia F. Dean

Father's Name

Not known

Father's Birthplace

—

Mother's Name

Sophy Todd

Mother's Birthplace

Or. Co. Ind.

Name of person giving information

Lavinia F. Todd

How related to deceased

Wife

## CAUSES OF DEATH

Primary

Vascular heart-disease

How long

20 years

Immediate

Exhaustion + heart failure

How long

36 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

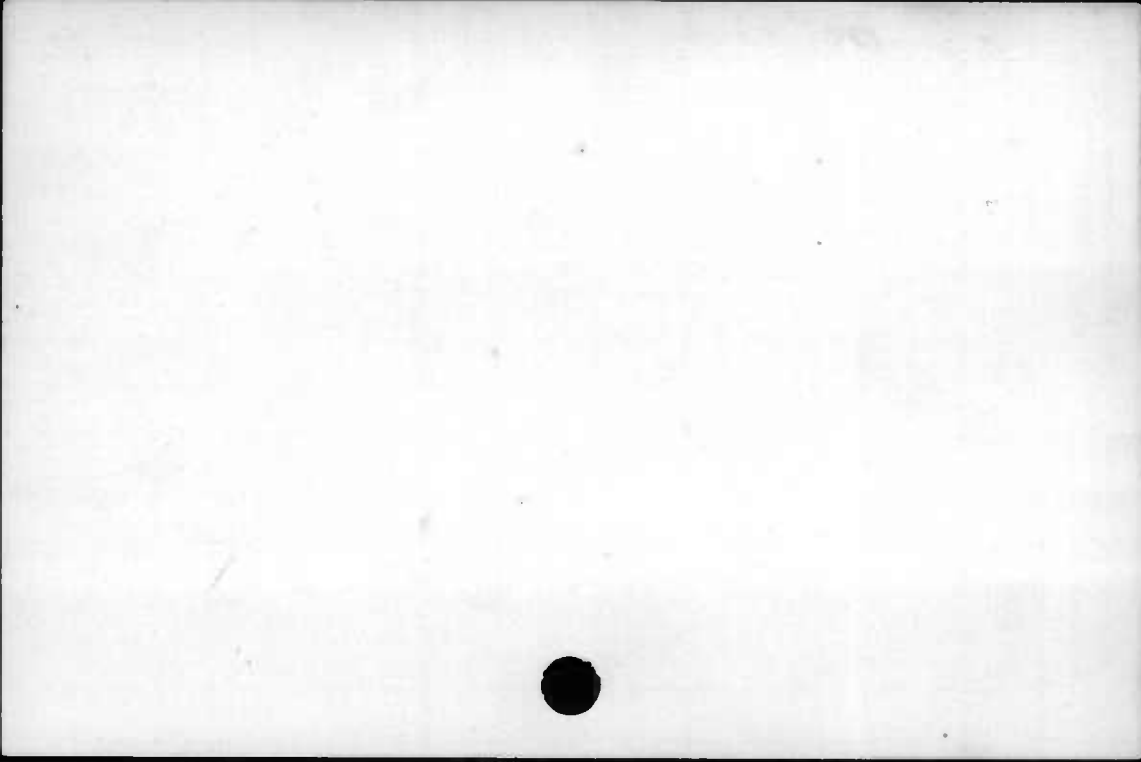
Signature of Physician

G. E. Stule

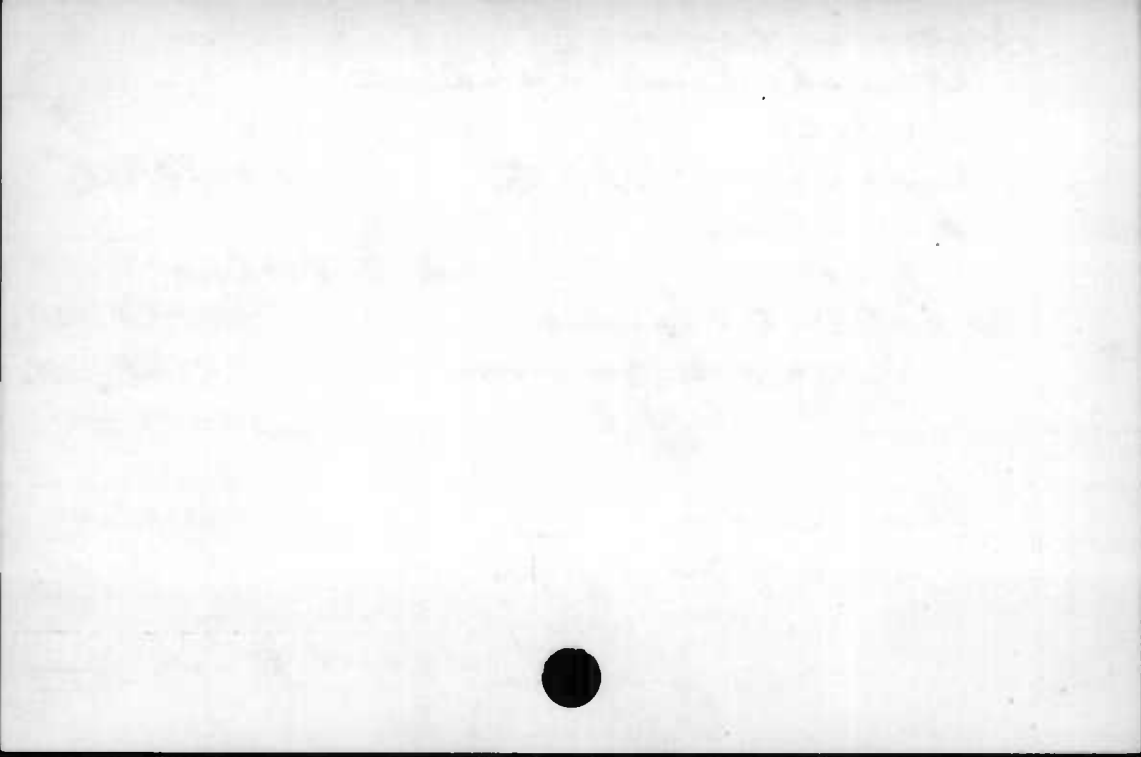
Address

Cambridge Md.

Accident or Suicide?



Name in Full		Charles C. Ingram				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Cambridge			Anchorage			
	Date of death	1906	Month	7	Day	7	Age
	Sex		male	Color or Race		white	Months
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed		single	Name of Wife or Husband			
PHYSICIAN OR CORONER	Father's Name		Mr. E. Ingram		Father's Birthplace		Br. Co. Md.
	Mother's Maiden Name		M. Linda Seymour		Mother's Birthplace		Br. Co. Md.
	Name of person giving information		M. Linda Ingram		How related to deceased		mother
	CAUSES OF DEATH						
	Primary		Unclotted foremen valve		How long		all of life
Immediate		Cyanosis		How long		3 hours	
Are the name, age, sex, color, date and place correctly given above?		yhs		Signature of Physician		Guy Stull	
				Address		Cambridge Md.	
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

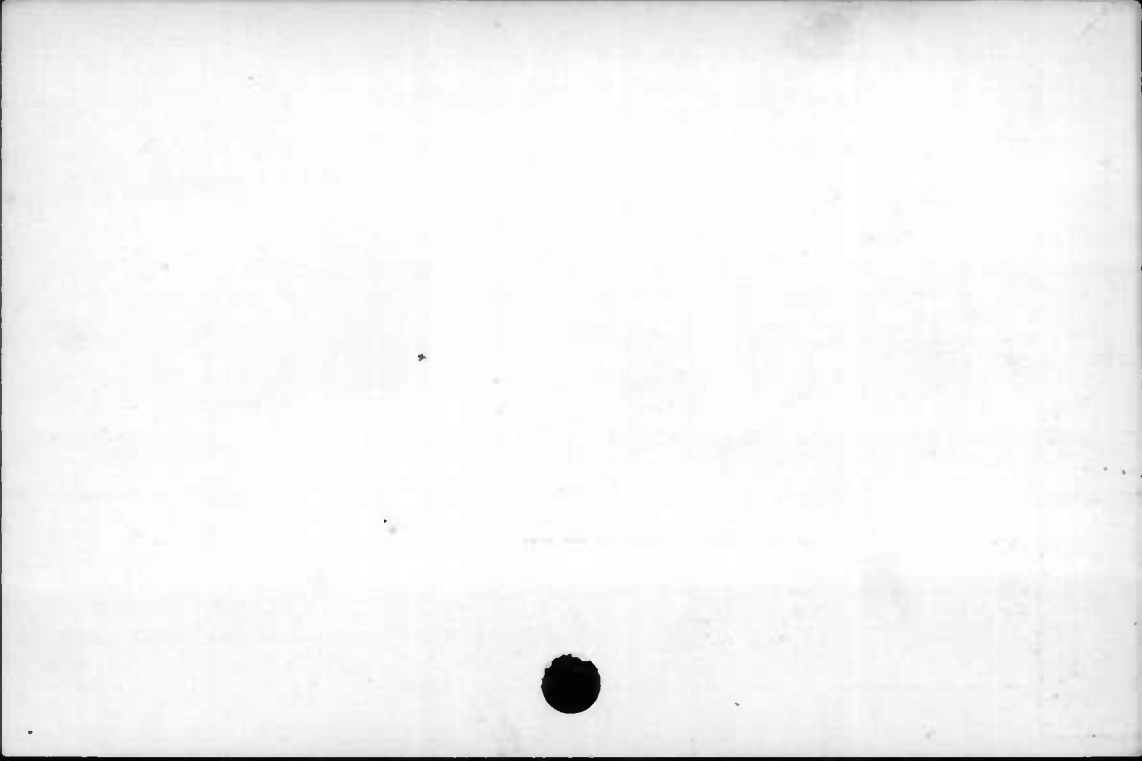
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Rovena Vickers</i>		Town <i>Church Creek</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Church Creek</i>		Date of death <i>1906 July 11<sup>th</sup></i>		Age <i>70</i>		Months <i>8</i> Day <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Dor. Co. Md.</i>			
Occupation <i>Amatress</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Thomas T. Vickers</i>					
Father's Name <i>Peter Richardson</i>		Father's Birthplace <i>Dor. Co. Md.</i>					
Mother's Maiden Name <i>Larry Richardson</i>		Mother's Birthplace <i>Dor. Co. Md.</i>					
Name of person giving information <i>Floyd B. Vane</i>		How related to deceased <i>Son in law</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Hemiplegia</i>	How long <i>Two days</i>
Immediate <i>Paralysis of Muscles of respiration</i>	How long <i>A few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. L. Linnichien</i>
	Address <i>Church Creek, Md</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Finchville</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND		
Date of death <i>1900</i>		<i>87</i> <sup>Month</sup>	<i>28</i> <sup>Day</sup>	<i>9</i> <sup>Years</sup>	<i>9</i> <sup>Months</sup>	<i>9</i> <sup>Days</sup>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Dorchester Co</i>		
Occupation			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name <i>Harley G Matthews</i>			Father's Birthplace <i>Dorchester</i>			
Mother's Maiden Name <i>Mary E Taylor</i>			Mother's Birthplace			
Name of person giving information <i>Harley G Matthews</i>			How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping cough</i> <b>(8)</b>	How long <i>6 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Edward L. Jones</i>
	Address <i>East New Market Md.</i>
Accident or Suicide?	

8 9<sup>th</sup> July

Name  
in  
Full

Wilmer Williams 7/9/112

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Cambridge* TownCounty *Dorchester*Date of death *1906* Month *July*Day *20*Years *25* Age

Months

Days

Sex *Male*Color or  
Race*Black*Birth-  
place*Va.*Occupation *Sailor*Where Residing if not  
at place of deathMarried, Single  
~~Married~~Name of Wife or  
HusbandFather's  
Name*Not given*Father's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
Information*Statement he made.*How related  
to deceased

## CAUSES OF DEATH

Primary

*Pistol wound front torso*

How long

*1 day*

Immediate

*Gun at Point of death*

How long

*some hours*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*O. M. Sola, borough*  
*Cambridge Md*

Address

Accident or Suicide?

*Homicide*PHYSICIAN  
OR CORONER

